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§ 400.5 (b)	✓◈	Coordination of RCA & RMA with support services	2
§ 400.5 (c)	✓◈	Availability of language training and employment services	2.5.4 &2.6.3
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§ 400.5 (f)(1)	✓◈	Description of medical screening	4.1; 4.3
§ 400.5 (f)(2)	✓◈	Description of medical follow-up	4.4
§ 400.5 (g)	✓◈	Statement of non-discrimination	1.5.1.e
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§ 400.5 (i)(2)	✓◈	Compliance with CFR 45, Part 400	1.5.1.b
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✓ State Plan Approval Check List
◈ Regulatory Framework Compliance Overview
✳ Other

State Plan
Reference Documents

The agencies providing services covered under this Refugee Resettlement Program State Plan use three primary guidance documents in the provision of services to refugees. This State Plan references them frequently. They are:

1. The *Virginia Refugee Resettlement Program Manual (ONS Program Manual)* sets out the rules by which Virginia's public assistance program staff determine a refugee's eligibility for food stamps, Medicaid, cash and medical assistance, and foster care. The program manual is based on the regulations set out in 45 CFR 400-402, federal Office of Refugee Resettlement State Letters, and other applicable federal regulations related to public assistance programs.

2. The *Virginia Refugee Resettlement Program Contract (ONS Program Contract)* sets out the rules by which Virginia's non-profit provider community delivers services to refugees. The contract legally obligates the service provider to follow the guidance and directives set out in the contract. The basis of the guidance is the regulations set out in 45 CFR 400-402, federal Office of Refugee Resettlement State Letters, and other applicable federal regulations related to refugee services funded through federal Office of Refugee Resettlement.

3. The *Refugee and Immigrant Health Program Manual* sets out the rules by which the Virginia's local health department staff provide thorough initial health assessments to all new refugees and monitor the provision of follow-up health services as needed.

1. Administration	
	1.1 Authority
Attachment 1A	1.1.1 State Plan Signature Authorization Governor Mark Warner designated Maurice A. Jones, Commissioner of the Department of Social Services, as the person authorized to review, comment, and sign the Virginia Refugee Resettlement Program State Plan.
CFR 45 Part 400.59 (d) *Attachment 1 B.*	1.1.2 State Refugee Coordinator Authorization Kathy Cooper, Program Director of the Office of Newcomer Services, is Virginia's State Refugee Coordinator. This position is responsible for developing and administering the Refugee Resettlement State Plan and reports to the Commissioner of the Department of Social Services through the Division of Service Programs Director.
CFR 45 Part 400. 22 (a)	1.1.3 Delegation of State Plan Administration Virginia does not delegate responsibility for administering or supervising the administration of its state refugee plan beyond the Commissioner of the Department of Social Services and the State Refugee Coordinator.
CFR 45 Part 400.5 (a)	**1.2 Organization**
	1.2.1 Governor of Virginia The Governor of Virginia has ten Secretariats that assist in managing the operations of state agencies. Each has a Secretary who provides overall supervision and direction to the agencies within the Secretariat. By law, a Secretary has the power to resolve conflicts among agencies, direct preparation of budgets, and hold agency heads accountable for effective and efficient performance.
	1.2.2 Health and Human Resources Secretariat The Secretary of Health and Human Resources oversees twelve state agencies. These agencies administer programs related to health, mental retardation, mental illness, substance abuse, physical disabilities; low-income working families; and the aging community.

	1.2.3 Virginia Department of Social Services The Virginia Department of Social Services is located within the Health and Human Resources Secretariat. The divisions and offices within the Department supervise the administration of federal and state human services programs including Benefits Programs, Child Care and Development, Child Support Enforcement, Community Action Programs, Family Services, Licensing, and the Governor's Commission on National and Community Services.
	1.2.4 Office of Newcomer Services (ONS) The Office of Newcomer Services administers and manages Virginia's Refugee Resettlement Program. ONS is located within the Division of Service Programs. The Refugee Resettlement Program's placement in the Department of Social Services aids the day-to-day activities of its Refugee Resettlement Program. It allows close coordination and communication with program staff responsible for the delivery of Temporary Assistance to Needy Families (TANF) benefits, Medicaid, and food stamps; for expediting foster care and child placement services; for accessing child and adult day care services; for training; and for volunteerism.
	1.2.5 Virginia State Refugee Coordinator The Office of Newcomer Services Program Director is the State Refugee Coordinator. The Virginia State Refugee Coordinator administers and supervises the Virginia Refugee Resettlement State Plan.
Attachment 1C	**1.3 Geographic Service Area** The Virginia Refugee Resettlement's Program is a statewide program. Two major geographic designations are used when referring to the location of service providers under contract with the Department of Social Services to provide refugee resettlement services: Northern Virginia and Balance-of-State. The majority of Virginia's refugees have settled in Northern Virginia, which includes the City of Alexandria and the Counties of Arlington and Fairfax. The Balance-of-State includes Charlottesville, Fredericksburg, Harrisonburg, Richmond, Roanoke, and the Tidewater area. *Attachment 1 C* is a map of Virginia showing the areas of the state with the heaviest concentrations of refugees.

CFR 45 Part 400.22 (b)(1)	**1.4 Operating Guidance Documents** Three primary documents are referenced in this State Plan. These three documents are Virginia's method of disseminating policy and other information. The agencies providing services covered under this Refugee Resettlement Program State Plan use these guidance documents in the provision of services to refugees.
	1.4.1 Virginia Refugee Resettlement Program Manual The Virginia Refugee Resettlement Program Manual sets out the rules by which Virginia's public assistance program staff determine a refugee's eligibility for food stamps, Medicaid, cash and medical assistance, and foster care. The basis of the program manual are the regulations set out in 45 CFR 400-402, federal Office of Refugee Resettlement State Letters, and other applicable federal regulations related to public assistance programs.
	1.4.2 Office of Newcomer Services Refugee Resettlement Program Contract ONS' contract with the resettlement providers sets out the rules by which Virginia's non-profit provider community delivers services to refugees. The contract legally obligates the resettlement provider to follow the Virginia Refugee Resettlement Model and the other guidance and directives set out in the contract. The basis of the guidance are the regulations set out in 45 CFR 400-402, federal Office of Refugee Resettlement State Letters, and other applicable federal regulations related to refugee services funded through the federal Office of Refugee Resettlement.
	1.4.3 Virginia and Immigrant Health Program Manual ONS' contract with the Virginia Department of Health sets out the rules by which Virginia's local health departments deliver health screening and health follow-up services to refugees. The Virginia and Immigrant Health Program Manual is based the scope of services in that contract, on federal regulations set out in 45 CFR 400-107, and on ORR State Letters 95-37 and 04-10.
CFR 45 Parts 400.4 & 400.5	**1.5 Assurances**
	1.5.1 Compliance with Federal Rules As stipulated by federal regulation, Virginia complies with the following rules and guidance.

CFR 45 Part 400.5 (i)(1)	1.5.1.a Provisions of the Refugee Resettlement Act of 1980 and official issuances from the federal Office of Refugee Resettlement
CFR 45 Part 400.5 (i)(2)	1.5.1.b Requirements set forth in CFR 45, Part 400
CFR 45 Part 400.5 (i)(3)	1.5.1.c All other applicable federal statutes and regulations
CFR 45 400.5 (i)(4)	1.5.1.d Standards, goals, and priorities established by ORR
CFR 45 Part 400.5 (g)	1.5.1.e Federal non-discrimination laws and statutes
CFR 45 Part 400.5 (h)	1.5.2 Planning Meetings The Virginia Refugee Resettlement Program holds quarterly planning meetings according to the following schedule:
	1.5.2.a *Service Provider Policy Committee* The Virginia State Refugee Coordinator established a policy advisory committee composed of resettlement agency directors and health care administrative staff. The committee meets monthly to review current federal and state policies, discuss resettlement trends, identify critical unmet needs, discuss ways to collaborate in the use of resources, develop strategies to improve service delivery, make recommendations for change, and develop standards and principles for Virginia's refugee resettlement program.
	1.5.2.b *Periodic ONS Partners Meetings* The Office of Newcomer Services conducts periodic partnership meetings. These meeting serve as a forum for education on refugee issues and an opportunity for discussion of resettlement trends and best practices in serving Virginia's refugee population. They lead to the development of strategies to address unmet needs and effectively use resources. Resettlement providers, local affiliates of voluntary organizations, local departments of health and social services, local area agencies on aging, and other local community organizations attend these ONS Partners Meetings.

	1.5.2.c *Ad-hoc Consultation Meetings* The Office of Newcomer Services conducts periodic issue-driven meetings in specific geographic areas of Virginia. Depending on the issues, these meetings include business leaders, educators, and employers.
	1.5.2.d *Refugee and Immigrant Working Groups* As directed by the Commissioner, the State Refugee Coordinator represents state refugee issues on task forces, councils, and committees.
CFR 45 Part 400.4 (b)	1.5.3 Amendments to the State Plan Virginia agrees to amend its Refugee Resettlement Program State Plan as requested by the federal Office of Refugee Resettlement.

April 13 , 2004

Dr. Nguyen Van Hanh
Director, Office of Refugee Resettlement
Administration for Children and Families
Department of Health and Human Services
370 L'Enfant Promenade, SW
Washington, D. C. 20447

Dear Dr. Nan Hanh:

This letter designates Maurice A. Jones, Commissioner of the Virginia Department of Social Services, as the individual responsible for the review, comment, and signature of the Virginia Refugee Resettlement Program State Plan, as required by CFR 45, Part 400.7 A.

This designation includes giving Commissioner Jones authority to delegate responsibility for the administration of the Virginia Refugee Resettlement Program to the State Refugee Coordinator.

I reserve the right to amend or withdraw this designation at any time.

Thank you for the work you do to further the resettlement of refugees into this country and the support you give to the Commonwealth of Virginia as it welcomes those who come to resettle in our state.

Sincerely,

Mark R. Warner
Governor

c: Maurice A. Jones, Commissioner of the Virginia Department of Social Services, 7 North 8th Street, Richmond, Virginia 23219-3301

October 22, 2004

Kathy A. Cooper, Program Manager
Office of Newcomer Services
Virginia Department of Social Services
7 North Eighth Street
Richmond, VA 23219

Dear Ms. Cooper:

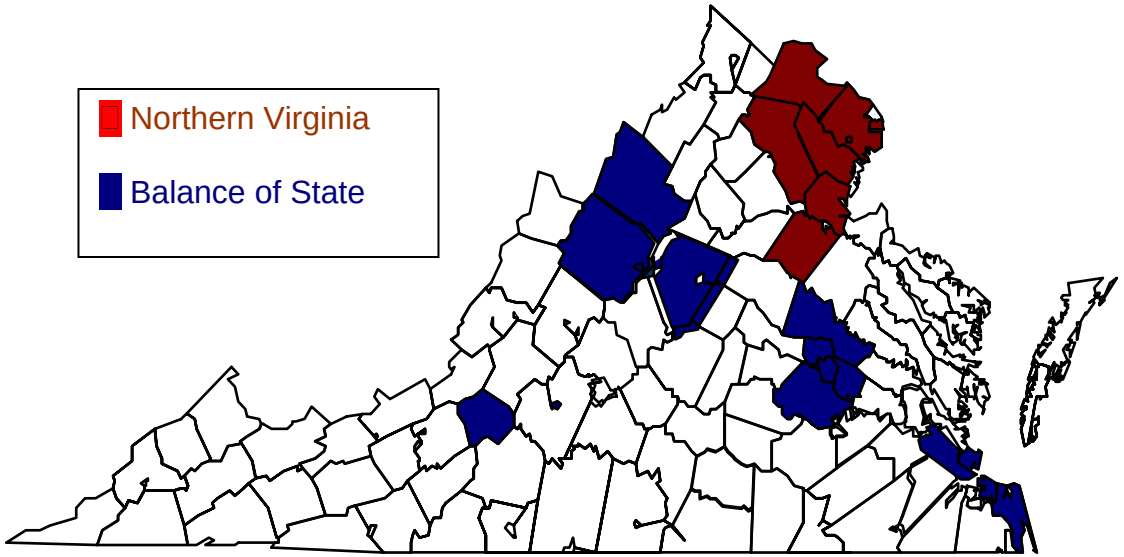
As Governor Mark Warner's official designee to delegate responsibility for the administration of the Virginia Refugee Resettlement Program, it is with pleasure that I confirm your continued designation as Virginia's State Refugee Coordinator.

Sincerely,

Maurice A. Jones
Commissioner

Virginia Refugee Resettlement Program

Areas of Resettlement



Northern Virginia	Balance of State	
Counties	*Counties*	*Cities*
Arlington	Albermarle	Charlottesville
Fairfax	Augusta	Chesapeake
Loudoun	Chesterfield	Hampton
Prince William	Hanover	Harrisonburg
Spotsylvania	Henrico	Lynchburg
Cities	Isle of Wight	Newport News
Alexandria	Montgomery	Norfolk
Fredericksburg	Nottaway	Richmond
Manassas	Roanoke	Roanoke
	Rockingham	Staunton
	York	Virginia Beach
		Waynesboro

2 Assistance and Services

CFR 45 Part 400.5 (b)	
CFR 45 Part 43 (a)	**2.1 Documentation of Refugee Status** Applicants for refugee assistance under Title IV of the Immigration and Nationality Act provide proof of their refugee status to the resettlement agency providing the assistance as a condition of their eligibility for those services. The refugee statuses served through this Virginia program include those immigration statuses allowed under § 400.43 (a).
	2.2 Service Provision Continuum Successful resettlement requires the involvement of many organizations and individuals. The Virginia resettlement model focuses on durable self-sufficiency while recognizing that service delivery addresses a continuum of changing refugee service needs. Integration into the new community requires a focus, from the time of initial arrival, on employment and improved English language skills. As refugees assimilate into new communities, their service needs change. The resettlement providers are the link between refugees' changing service needs and the service community.
Attachment 2A	2.2.1 Virginia's Refugee Resettlement Goal Virginia's primary goals for its newly arriving refugees are durable economic self-sufficiency and social integration into Virginia's communities.
Attachment 2B.	2.2.2 Virginia's Model for Refugee Resettlement Virginia's strategies for meeting these program goals are set out in its refugee resettlement model. Shaped by experience, this successful resettlement model is a source of pride for administrative and casework staff.
	2.2.3 Safeguarding and Sharing of Information Except for purposes directly connected with the provision of services, the Department of Social Services and the resettlement providers do not share or disclose information about the refugee without the client's permission. [§ 400.27 (a) & (b)]

	2.3 Refugee Resettlement Case Management
	2.3.1 Case Manager A case manager is assigned to each refugee family or individual refugee resettled in Virginia. Case managers guide refugees through the process of assimilating into their new community. The tool used to guide this process is a comprehensive resettlement plan, or CRP.
	2.3.2 Comprehensive Resettlement Plan The case manager and the refugee jointly develop the CRP. It defines both the strategies needed to meet the goal of self-sufficiency and the benchmarks that will measure progress toward self-sufficiency. Each plan has different strategies because each refugee arrives with different work skills, coping skills, education, English fluency, and family support systems. Service provision reflects these differences.
	2.3.3 Comprehensive Resettlement Plan Monitoring The case manager monitors activities related to the fulfillment of the CRP. If the refugee has not achieved self-sufficiency after 12 months, a new resettlement plan is developed. The case manager and refugee identify specialized, intensive services that may ensure economic independence and family stability as early as possible.
	2.3.4 Avoiding Reliance on Public Assistance The case manager balances meeting the unique and intensive service needs of a refugee with avoiding action that may lead to the refugee's reliance on and need for public assistance.
	2.3.5 Case Delivery Documentation The case manager maintains refugee case files and documents services and assistance provided both in the case file and in the Virginia Information Newcomer System (VNIS). [See Section 7, Record Keeping, Documentation, and Reporting]
CFR 45 Part 400.147 & Part 400.314	**2.4 Prioritization of Service Delivery** Refugee service needs are varied and extensive, but the funds available for needed social services are not exhaustive. To make wise use of available social service funds, Virginia prioritizes the delivery of social services according to the following guidelines:

	2.4.1 Priority One The first priority is newly arriving refugees during the first year in the United States, who apply for services.
	2.4.2 Priority Two The second priority is refugees who are receiving cash assistance.
	2.4.3 Priority Three The third priority is unemployed refugees who are not receiving cash assistance.
	2.4.4 Priority Four The fourth priority is employed refugees in need of services to retain employment or attain economic independence. This includes services that may assist the refugee in job promotions or moving to a job that better matches his or her skills and interests. When necessary, case managers maintain contact and provide needed services for a maximum of 60 months from the date of entry into the United States.
State Letter 00-18	**2.5 Limited English Proficiency** Refugees, like all other Virginia residents, have the right to benefits and services to which they are entitled and the right to access those services.
Attachment 2C	2.5.1 Resettlement Provider Requirements Resettlement providers are required to have bi-lingual staff, language-specific materials, and other means of ensuring that refugees with limited English proficiency (LEP) have access to the benefits and services available from local departments of social services, health, motor vehicles, aging, etc. Evaluation of this requirement is part of each contractor's yearly performance review. The performance review includes an examination of the native languages of refugees served by the resettlement providers, the staffing patterns of the resettlement providers, and the utilization of language resources available in the community. Additionally, ORR State Letter number SL00-8, *Policy Guidance on the Title VI Prohibition Against National Origin Discrimination As it Relates to Persons With Limited English,* was made a part of the ONS' contract with resettlement providers.

	2.5.2 Refugee Health Screening Interpreter Requirements The Virginia Department of Health references the requirements of Title VI of the Civil Rights Act 1964 in its Refugee and Immigrant Health Program Manual and lists resources local health department staff can use to ensure appropriate interpreter services for refugees receiving medical screenings.
Attachment 2D	2.5.3 Local Departments of Social Services Requirements The Virginia Department of Social Services (VDSS) policy on "Non-Discrimination on the Basis of National Origin: Individuals with Limited English Proficiency (LEP)" provides guidance to local departments of social services to take adequate steps to ensure LEP individuals receive the language assistance necessary to allow them meaningful access to all VDSS programs and services.
	2.5.4 ONS LEP Training LEP is an integral part of all formal and informal training offered by ONS. It is also included in meetings held for ONS partner agencies and for resettlement providers.
	2.6 Refugee Resettlement Services
	2.6.1 Durable Self-Sufficiency Resettlement providers direct all resources and funding toward the goal of durable self-sufficiency. For the first several months, services are intense and constant. Afterwards, services continue as needed, but are not as concentrated.
	2.6.1.a The time limits on service delivery follow the limitations and exceptions setout in federal regulations.
	2.6.1.b No residency requirement is imposed as a condition of participation in the Refugee Resettlement Program.
CFR 45 Parts 400.5 (c)	2.6.2 Language Services
	2.6.2.a *Access to Services* Resettlement providers arrange translation and interpreter services for all refugees with limited English proficiency regardless of whether they receive cash assistance of any kind. Case managers act as advocates in facilitating access to services.

	2.6.2.b *Flexibility in Service Delivery* Resettlement providers arrange English instruction using varied approaches depending on the need of the refugee. Case managers arrange instruction at times and places convenient to refugees and in conjunction with employment services.
	2.6.2.c *Language Service Options* Case managers utilize established adult education programs, computer assisted English, on-site neighborhood training, one-on-one tutors, work site training, formal class language training, and volunteer one-on-one mentors.
	2.6.2.d *Translation and Interpreter Services* Case managers arrange translation and interpreter services as needed for effective communication between limited-English speaking refugees and health and other social service providers.
	2.6.2e *Progression in English Language Fluency* Case managers confer with their agency's English as a Second Language (ESL) staff to monitor the refugee's progress
CFR 45 Parts 400.5 (c)	2.6.3 Employment Services
	2.6.3.a *Level One* The first level of support is arranging training on job search and job retention techniques; orientation to the workplace environment and employer expectations; and job placement assistance and job referrals.
	2.6.3.b *Level Two* The second level of support is arranging vocational and skills training to assist the refugee with job advancement.
	2.6.3.c *Level Three* The third level of support is for refugees who arrive with a specific job skill that requires certification or further training in the United States. Case managers assist the refugee in obtaining the necessary certification or training to obtain a job in his or her field of expertise.
	2.6.3.d *Level Four* After employment, case managers assist the refugee in retaining employment, which includes job upgrades and promotions. This involves contact with the refugee and employer on job progress and actively addressing any personal or work issues that have arisen.

	2.6.4 Transportation The case manager arranges transportation for employment related activities. The delivery of this service is subject to available resources and funding.
	2.6.5 Day Care for Children The case manager identifies child day care needed to allow adult refugees to participate in employment-related activities and works with the refugee on strategies to meet this need.
	2.6.6 Social Adjustment Services The case manager arranges assessment and short-term counseling, health-related services, home management services, routine budget maintenance, and other guidance.
CFR 45 Parts 400.5 (c)	**2.7 Public Assistance (Cash) and Social Services** Virginia has 120 local departments of social services (LDSS) that administer an array of cash assistance and service programs throughout the Commonwealth. LDSS staffs determine eligibility for cash and medical assistance, based on the federal and state law and regulations that apply to each of the program areas. Refugees are eligible for these services according to the same eligibility determinants as all other applicants.
	2.7.1 Temporary Assistance for Needy Families (TANF) This state and federal program provides cash assistance to persons responsible for children deprived of parental support due to the parent's death, absence, incapacity, or unemployment.
	2.7.1.a Virginia's TANF work component is called *Virginia Initiative for Employment not Welfare (VIEW).* Noncompliance with VIEW work requirements results in a loss of TANF benefits. Refugees are subject to the VIEW work requirement and loss of benefits according to the same determinants as all other TANF recipients.
Attachment 2E	2.7.1.b Under Virginia's TANF policy, employment services provided by resettlement providers may meet the refugee VIEW work requirement.

	2.7.2 Food Stamps This federal program supplements the food budgets of low-income households. Under food stamp policy, a refugee's participation at least half time in employment services provided by resettlement providers meets the Food Stamp Program work requirements.
	2.7.3 Emergency Assistance to Needy Families With Children This state and federal program provides financial assistance with food, shelter, and clothing to children during an emergency such as a natural disaster or fire.
	2.7.4 Auxiliary Grants Program This state and local program provides cash assistance to certain needy aged, blind, or disabled persons in residential institutions whose income is insufficient to cover the cost of their care, including individuals whose income makes them ineligible for Supplemental Security Income.
	2.7.5 Energy Assistance Program This federal program assists low-income households with the rising cost of home heating and repair of faulty or hazardous heating systems.
	2.7.6 State-Local Hospitalization Program This state program provides hospitalization and treatment for medically indigent Virginia residents and some migrant workers.
	2.7.7 Neighbor-to-Neighbor Program This program pays the electric bills of needy residential customers in 33 local jurisdictions who get cutoff notices during the period November through March. The program is funded through contributions from customers of the American Electric Power Company and matched by the company.
	2.7.8 Individual and Family Grants Program This state and federal program provides grants to assist disaster victims in paying for expenses resulting from declared emergency.

	2.7.9 Refugee Cash Assistance and Refugee Medical Assistance Each of these programs is covered in separate sections of this State Plan. Refugee Cash Assistance is covered in Section 3 and Refugee Medical Assistance is covered in Section 5.
CFR 45 Part 400.310–319	**2.8 Targeted Assistance Program**
	2.8.1 Geographical Areas Served Virginia receives an annual federal allocation for targeted assistance in areas most impacted by its refugee population. The federal Office of Refugee Resettlement designates the areas needing services. In Virginia, these geographic areas are the Cities of Richmond and Alexandria and the Counties of Arlington and Fairfax. The funds are provided through the Targeted Assistance Program (TAP).
	2.8.2 Use of Funding The contractual agreement between Office of Newcomer Services and the resettlement contractors in the designated areas specifies that TAP funds are to supplement, and not replace, other funding. The contractors use the funds to direct intensive services to refugees in the targeted areas.
	2.9 Discretionary Grants To augment the funding available for Virginia's refugee population, the Office of Newcomer Services aggressively pursues discretionary grant funding from the Office of Refugee Resettlement and other funding sources.
	2.9.1 Refugee Elderly Assistance Project (REAP) Project funds increase elderly refugees' (60+) access to community-based, linguistically and culturally appropriate services through collaboration between local resettlement providers and local Area Agencies on Aging (AAA's).

ATTACHMENT 2 A

Virginia's Refugee Resettlement Goal

Program Goal - The Virginia Refugee Resettlement Program (VRRP) strives to support and foster the earliest possible durable economic self-sufficiency and social self-reliance for newly arriving refugee individuals and families residing in the Commonwealth. It acknowledges the unique strengths, abilities, and contributions that an individual refugee brings to the state. The program's design includes many partners who work together toward this common end by providing resources and tools to the refugee in a sensitive and compassionate way.

Source: *Virginia Refugee Resettlement Program Manual,* page 6

ATTACHMENT 2 B

Virginia's Model for Refugee Resettlement

Virginia's model of refugee resettlement originates from the purpose of the refugee resettlement program at the federal level, namely, promoting effective resettlement through attaining self-sufficiency at the earliest time possible. The model is a cohesive and comprehensive plan for resettlement based on the knowledge of what works throughout Virginia. The Office of Newcomer Services, in consultation with state level staff and representatives from private resettlement agencies and ethnic organizations, developed the comprehensive plan. The model's origins come from the combined experience and expertise of refugee resettlement agencies across the Commonwealth. The model is based on the following principles:

- Long-term public assistance utilization is not an acceptable way of life in America and is therefore not a resettlement option.
- A refugee's early employment promotes his or her earliest economic self-sufficiency.
- Refugee resettlement involves many services that must be provided concurrently, progressively, and successively, but always in such a way that they constitute a continuum of services beginning with the voluntary agency (VOLAG) upon arrival in the U.S. and continuing through self-sufficiency leading to citizenship.
- Self-reliance and a sense of personal responsibility are integrated into a Comprehensive Resettlement Plan (CRP) for each refugee which ensures a central point of contact and which is family-based.
- Coalitions and linkages of service providers*, where functionally appropriate and feasible,* ensure strong public/private partnerships.
- Service providers must work in coordination with other agencies to maximize community resources and to create a seamless service delivery system.
- Services must be sensitive to cultural issues and implemented by staff that mirror the population served.
- Mutual assistance associations, which are incorporated refugee organizations that address the social service needs of a specific refugee population, and ethnic organizations bring unique strengths and cultural knowledge to the resettlement process.
- There must be barrier-free access to programs, activities, services, and entitlements that include language provision for all refugees.

ONS promotes a model based on the belief that refugees are best served by a community-based system of care that is comprehensive, coordinated, and responsive to the strengths and needs of refugees and their families. Subsequent to the reception and placement, ONS funded refugee service providers assess the needs of newly arrived refugees and refugee families and design refugee specific services that address these needs.

Source: *ONS Program Contract,* pages 17 – 18

ATTACHMENT 2 C

ONS Policy on Access for LEP Refugees

Requirements of Parties Working with Refugees in Virginia

a. *Interpretation & Translation* – All state agencies, community-based organizations, national voluntary agencies, mutual assistance associations, and any other entities receiving funding from the Office of Refugee Resettlement, directly or indirectly, must comply with the Title VI of the Civil Rights Act regarding persons of limited English proficiency (LEP). These health and human service agencies, as well as any other organizations that receive funding from the federal Department of Health and Human Services (DHHS), must ensure that LEP persons receive language assistance sufficient for meaningful access to any benefits and services for which they may be eligible. ONS encourages local departments of social services to follow policy guidance from the DHHS' Office of Civil Rights, which includes:

1) Having a procedure for identifying the language needs of patients/clients;
2) Having ready access to, and provide services of, proficient interpreters in a timely manner during hours of operation;
3) Developing written policies and procedures regarding interpreter services; and
4) Disseminating interpreter policies and procedures to staff and ensure staff awareness of these policies and procedures and of their Title VI obligations to LEP persons.

Source: *Virginia Refugee Resettlement Program Manual, synopsis of pages 15, 19, 45, 51, & 53*

ATTACHMENT 2 D

VDSS Policy on Access for LEP Individuals

Non-Discrimination based on National Origin: Individuals With Limited English Proficiency (LEP)

Purpose

The purpose of this policy is to ensure that limited-English-proficient individuals have meaningful access to program information and services in accordance with Title VI of the Civil Rights Act of 1964. All DSS agencies must take adequate steps to ensure that LEP individuals receive the language assistance necessary to allow them meaningful access to programs and services, free of charge.

Definitions

A. *Limited-English-Proficient Individual* A limited-English-proficient (LEP) individual is a person whose primary language is not English and who cannot speak, read, write, or understand the English language at a level that permits him to interact effectively with social services agencies.

B. *Meaningful Access* Meaningful access to programs and services is the standard of access to comply with Title VI's language access requirements. To ensure meaningful access for limited-English-proficient individuals, service providers must make available to applicant/recipients free language assistance that results in accurate and effective communication. Awareness of services provided and rights of service recipients are important parts of "meaningful access."

Meaningful Access Policy

A. *Meaningful Access for LEP Individuals* No person will be denied access to program information because he or she does not speak or has limited proficiency in English. All staff, including contractors, will provide for effective communication between LEP individuals and staff by providing appropriate language assistance services when LEP individuals require these services. Staff will provide LEP individuals with meaningful access to programs and services in a timely manner and at no cost to the client.

Staff must ensure that the LEP individual is given adequate and accurate information, is able to understand the services and benefits available, and is able to receive those services and benefits for which s/he is eligible. In addition, staff must ensure that the LEP person can effectively communicate the relevant circumstances of their situation to staff.

Outreach should be conducted with appropriate community organizations to inform LEP individuals of important services and benefits available to them.

B. *Affirmative Offer of Language Assistance* Staff will offer language assistance to clients who have difficulty communicating in English. Clients who request language assistance must be offered free interpretation or translation services in a language they understand; in a way that ensures meaningful access and preserves confidentiality; and in a timely manner. Whenever possible, staff are encouraged to follow a client's preferences.

C. *Documentation and Sharing of Information* Each agency shall ensure that its case record documentation identifies the applicant or recipient's primary language. If one program area determines that an individual's limited English proficiency may affect his or her ability to meet program requirements, staff in that program area are to inform other staff who also may interact with the individual.

D. *Competency of Interpreters* Interpreters must be competent. This means interpreters demonstrate proficiency in both English and the client's language. It means interpreters have knowledge of specialized terms or concepts; an understanding of confidentiality and impartiality; an understanding of the role of interpreter; the ability to act as an interpreter without acting as a counselor or legal advisor; and sensitivity to the client's culture. Interpreters shall disclose any real or perceived conflict of interest.

E. *Translation of Written Materials* If the office regularly encounters certain languages other than English, then it is important to ensure that vital documents be translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be directly affected. In providing outreach to LEP persons, pamphlets advising them of program or service availability should be provided in appropriate languages.

F. *Examples of Situations Where Meaningful Access Standard Is Not Satisfied*

1. A local office uses a Vietnamese janitor to interpret whenever Vietnamese applicants or recipients seek services. The janitor has been in the U.S. for six months, does not speak English well, and is not familiar with the terminology that is used. He may relay inaccurate information that results in the denial of benefits to clients.

2. A local office does not advise a mother of her right to free language assistance and encourages her to use her eleven-year-old daughter to interpret for her. The daughter may not understand the terminology being used and may relay inaccurate information to her mother whose benefits are jeopardized by the failure to obtain accurate information.

3. A local office uses a college student as an interpreter based on

her self-identification as bilingual. While in college, the student spent a semester in Spain as an exchange student. The student speaks Spanish haltingly and must often ask LEP individuals to speak slowly and to repeat their statements.

Interpreter Resources

As much as possible, staff should use interpreter services as follows:

A. Bilingual staff and staff interpreters – Agencies should use their best efforts to assign clients with LEP to bilingual staff that speak their language and can provide competent interpretation services.

A. Contract Interpretation Services –In order to provide interpretation services during business hours and for written document translation needs, contractual arrangements should be made for competent interpreters.

B. Telephone Interpreter Services

C. Community Volunteers – Community volunteers must be competent and must be knowledgeable of confidentiality and impartiality regulations. Formal agreements with community-based organizations are encouraged to ensure the caliber and availability of services.

Use Of Family Members, Friends, and Minor Children

A. Staff will not require, suggest, or encourage an LEP individual to use friends, children, or family members as interpreters. Family and friends usually are not competent to act as interpreters, since they are often insufficiently proficient in both languages, unskilled in interpretation, and unfamiliar with DSS terminology. Use of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information that is important for staff to know.

B. After staff has informed the LEP individual of the right to free interpreter services and the person declines the services and requests the use of a family member or friend, then the staff may use this individual if he or she does not compromise the effectiveness of the services or violate the LEP individual's confidentiality. The LEP individual shall sign a waiver stating that he or she has declined an offer from the agency for an interpreter,. The agency should record the LEP service offer and the individual's decline in the case file. If an LEP individual elects to use a family member or friend, staff should suggest that a trained interpreter sit in on the encounter to ensure accurate interpretation.

c. The agency may provide its own interpreter in addition to one selected by the person with LEP when the agency wants to ensure precise, complete, and accurate translations of testimony. This is might be done in the case of administrative hearings; adult or child protective services interviews; and interviews in which health, safety, or benefits are at stake.

Source: *VDSS LEP Project Manager*

ATTACHMENT 2 E

VDSS TANF Policy on VIEW Work Requirements for Refugees

TANF Manual, Chapter 1000

When there is a refugee resettlement agency in the locality available to work with refugees, all work requirements for refugees required to participate in VIEW should be coordinated with that agency (or designated service provider). The resettlement agency, while maintaining communication with the local agency, must take the lead in assisting the refugee in the pursuit of self-sufficiency. The local agency case record must contain a Comprehensive Resettlement Plan developed by the resettlement agency. Contracts between the Office of Newcomer Services and Refugee Resettlement Service Providers mandate these services.

Source: The Temporary Assistance for Needy Families Policy Manual, Chapter 1000, The Virginia Initiative for Employment Not Welfare Program, Item 7. A. 1)

3. Refugee Cash Assistance

	3.1 Consultative Process Virginia designed its refugee cash assistance (RCA) program with input from national voluntary organizations, state and local TANF staff, state and local health agency staff, and others involved with refugee resettlement. The program was implemented and is maintained though formal and informal consultation with these groups.
CFR 45 Part 400.65 (a) *Attachment 3A*	**3.2 Publicly-Administered Program** Virginia operates a publicly administered refugee cash assistance program. The Virginia Refugee Resettlement Program Manual sets out the elements of Virginia's Temporary Assistance to Needy Families (TANF) Program used in its RCA Program.
CFR 45 Part 400.66 (a)	**3.3 Consistency with TANF Program Rules** Virginia operates its RCA program consistent with its Temporary Assistance to Needy Family (TANF) program.
CFR 45 Part 400.66 (a)(1)(2)(3)(4)	3.3.1 Determination of Financial Benefits TANF rules in the determination of initial and on-going financial eligibility; benefit amounts; and proration of shelter, utilities, and similar needs are the same as TANF rules.
CFR 45 Part 400.66 (b) (c) (d)	3.3.2 Consideration of Resources Financial eligibility does not include resources remaining in the refugee's country of origin or a sponsor's income and resources or cash grants received from the U. S. Departments of State or Justice.
CFR 45 Part 400.66 (e)	3.3.3 RCA Eligibility Begin Date Virginia uses the date of application as the date RCA begins.
CFR 45 Part 400.68	3.3.4 Notification of a Refugee's Application for RCA Local departments of social services, which operate RCA, notify the resettlement agencies when a refugee applies for RCA and when a refugee receiving RCA becomes employed.

CFR 45 Part 400.83 (a)(2)	3.3.5 Mediation and Conciliation Virginia's TANF program does not have mediation and conciliation procedures separate from its TANF hearing procedures program.
	3.3.6 Hearings
CFR 45 Part 400.54	3.3.6.a Applicants and recipients of RCA have the same opportunity for notice of an adverse action and a hearing to contest an adverse action regarding receipt of an RCA benefit as Virginia's TANF applicants and recipients do for TANF benefits.
CFR 45 Part 400.83 (b)	3.3.6.b Applicants and recipients of RCA have the same opportunity for hearing to contest a determination concerning employability or failure or refusal to carry out job search as is set forth in § 400.54.
CFR 45 Part 400.67	**3.4 Non-applicable TANF Work Requirements** TANF work requirements do not apply to RCA applicants and recipients. Refugees receiving RCA continue to receive employment services from the resettlement case manager. Employment assistance remains the primary responsibility of the case manager. Work registration is arranged when it furthers a refugee's employment goal.

ATTACHMENT 3 A

Refugee Cash Assistance Policy

(Summary)

Introduction

Virginia's local departments of social services (LDSS) administer the Temporary Assistance for Needy Families (TANF) and Refuge Cash Assistance (RCA) Programs. Refugees who meet the financial criteria for TANF assistance but not the non-financial criteria are eligible for RCA for a limited time. In its benefits and responsibilities, RCA mirrors the TANF program. It is, however, a program of last resort. A refugee is eligible for RCA only after the LDSS TANF eligibility worker determines the refugee is not eligible for TANF and is not receiving Supplemental Security Income (SSI).

1. RCA Eligibility

    a. TANF eligibility workers consider eligibility for RCA after determining the refugee:

        1) meets the financial requirements for TANF but not the non-financial requirements, and

        2) applied for RCA within the established RCA time limit.

    b. TANF eligibility workers disqualify refugees who are full-time students in an institution of higher education unless the refugee is enrolled in a one-year re-certification program, which is part of a comprehensive resettlement plan (CRP) and the education is contributing to the refugee's self-sufficiency.

    c. The refugee gives the TANF eligibility worker the name of the sponsoring resettlement agency. Asylees and victims of trafficking are exempt from this requirement.

2. Newborns

    a. A child born to refugee parents receiving RCA and meeting the financial requirements for RCA is eligible for RCA.

    b. Infants eligible for RCA may receive RCA until the end of the mothers' eight-month period of eligibility.

3. Time Limit

    a. The TANF eligibility worker calculates benefits for refugees from the date the refugee files the application for TANF. Eligible refugees may receive RCA up to eight months following the month of arrival into the United States.

    b. The TANF eligibility worker calculates benefits for asylees from the date the asylee was granted asylee status. Eligible asylees may receive RCA up to eight months following the month asylee status was granted.

    c. The TANF eligibility worker calculates benefits for victims of trafficking from the date the federal Office of Refugee Resettlement (ORR) issued the victim of trafficking certification letter. Eligible victims of trafficking may receive RCA until the expiration date listed in the federal ORR letter.

4. Rules

    a. A refugee is considered for RCA only after it has been determined the individual does not qualify for TANF or SSI. The TANF eligibility worker uses the same financial eligibility requirements for TANF to determine eligibility for RCA. The non-financial TANF rules do not apply to RCA.

    b. TANF eligibility workers may approve RCA eligibility for a refugee who has a “temporary disability”; is waiting for SSI benefits to begin; or is in an emergency and needs immediate cash assistance until eligibility for TANF is determined.

    c. The refugee must present documentation of his or her refugee status at the time of application. The refugee is not required to have a social security number to apply for RCA, but he or she should provide proof of application for a social security card.

    d. The eligibility worker notifies the resettlement agency when a refugee applies for temporary assistance.

5. Income Considerations

    a. The TANF eligibility worker considers the income and resources on the date of application, not the average income over the application-processing period, when determining eligibility for RCA.

    b. Asset considerations mirror the TANF stipulations and limits, except that the eligibility worker does not consider assets refugees hold in their country of origin.

c. The eligibility worker does not consider income and resources of a refugee's sponsor(s) in determining eligibility for the RCA nor shelter or in-kind resources provided to the refugee by the sponsor.

d. The eligibility worker does not count as income or assets the cash assistance payments paid to the refugee under the Department of State or Department of Justice Reception and Placement Program. (The eligibility worker does not consider reception and placement funds when determining income because they fall into the category of "in-kind benefits and vendor payments.")

6. Work Requirements

The TANF eligibility worker imposes no work requirements on the refugee receiving RCA. The resettlement agency's employment specialist uses the refugee's Comprehensive Resettlement Plan to guide the refugee's employment activity.

7. Notification of Approval or Denial

a. The TANF eligibility worker notifies the refugee of the results of the RCA eligibility determination in a timely manner. In no case is this notice to exceed 45 days from the date of application.

b. The notification clearly indicates that RCA has been denied or approved. If RCA is denied, the notice includes an explanation of ineligibility, along with a statement about the refugee's right to appeal the decision.

c. The TANF eligibility worker notifies the refugee of RCA reductions, suspensions, and terminations a timely manner (at least 10 days before the action is to occur).

d. The LDSS' written communication with the refugee is in English and in the individual's native language if the refugee language-group forms a significant portion of the recipient population. If the individual's native language does not fit this category, the LDSS provides verbal translation of the notice to the refugee.

8. Appeals

a. Refugees who have applied for or are receiving RCA have a right to appeal in the following instances:

1) When they have been denied RCA benefits;

2) When they have not been notified of the RCA determination within 45 days of application;

3) When they disagree with the amount of RCA financial assistance awarded; or

4) When they disagree with a notice of RCA benefit reduction or termination.

b. For the hearing officer to hear an appeal, the refugee must file the appeal within 30 days of receipt of a notice of negative action.

c. The LDSS must ensure that access to the appeal process is not denied in any way because the refugee has limited English proficiency.

d. If the refugee makes an appeal in a timely manner, the proposed action to change the status of the case will not take effect until after the appeal process is completed. If, however, the hearings process sustains the LDSS proposed action, the LDSS may recover the RCA benefits paid to the refugee.

e. A hearings officer decides the case and issues the decision in writing within 60 days of the date that the refugee requests a hearing. The refugee may appeal the hearing officer's decision to the Administrative Review Panel of the Appeals & Fair Hearings Unit.

f. The refugee may receive free legal advice through the local legal aid office.

Source: *Virginia Refugee Resettlement Program Manual, synopsis of pages 24 – 27*

4 Medical Services and Medical Screening

CFR 45 Part 400.5 (f) *Attachment 4A*	**4.1 Identification, Treatment, and Observation of Medical Needs** Virginia has established procedures to identify and monitor newly arriving refugees who have medical conditions that need treatment or observation, including medical conditions identified during the overseas examination; communicable diseases of public health significance; and personal health conditions that may affect resettlement.
	4.2 Compliance with Federal Medical Screening Procedures
CFR 45 Part 400.107 (a)(1)	4.2.1 Medical Screenings Virginia conducts medical screenings of newly arrived refugees in accordance with the requirements established by the federal Office of Refugee Resettlement.
CFR 45 Part 400.107 (a)(2) *Attachment 4A*	4.2.2 ORR Approval of Medical Screening Program Virginia's Medical Screening Plan is made part of this State Plan. Approval of the State Plan includes approval of its Medical Screening Plan.
	4.2.3 Administration of Health Screening Activities The Virginia Office of Newcomer Services, through a cooperative agreement with the Refugee and Immigrant Health Program (RIPH), reimburses Virginia's local departments of public health (LDH) for the administration of approved health screens when Medicaid does not cover these. In Virginia, when refugee health screening is done within the context of other medical services, Medicaid may cover the screening. When refugee health screening is not done in the context of other medical services, Medicaid does not cover it. When Medicaid does not cover the health screening, it is charged to the Refugee Medical Assistance (RMA) Program.
CFR 45 Part 400.5 (f)(1)	**4.3 Medical Screening of Newly Arrived Refugees**
	4.3.1 Coordination of Health Services for Refugee Arrivals The Virginia Department of Health Refugee and Immigrant Health Program (RIHP) is charged with protecting the public's health. It does

	this by ensuring that Virginia's local departments of public health (LDH) both (i) provide initial domestic health assessment to all new refugees and (ii) arrange immediate and appropriate treatment if warranted by the health assessment.
Attachment 4A	4.3.2 Levels of Health Care RIHP developed four levels of health screens for use by the LDH and developed protocols for LDHs to monitor the medical conditions of newly arrived refugees and to provide any needed follow-up treatment.
	4.3.3 Newly Arrived Refugee Health Documentation Within two days of receipt of documentation of a newly arrived refugee, RIPH notifies the LDH.
CFR 45 Part 400.107 (b),	4.3.4 Time Requirement Within 30 days of the refugee's arrival in Virginia (and 90 days of entry into the United States), the LDH arranges medical screenings and interpreter services.
	4.3.5 Private Assessments and Screenings When a refugee informs the LDH he or she prefers to arrange a private medical assessment and screening, the LDH advises the doctor to send the results of the screening to its office.
CFR 45 Part 400.5 (f)(2)	**4.4 Follow-up Treatment for Newly Arrived Refugees**
	4.4.1 Monitoring of Follow-up Treatment The RIHP maintains a case file on each refugee including screening dates and results. The LDH is responsible for keeping the RIHP informed of health actions taken. The RIHP monitors the case to ensure the LDH acts to arrange appropriate follow-up treatment.

	4.4.2 Monitoring Treatment of Refugees Who Relocate If a newly arrived refugee relocates within Virginia, RIHP transfers the health file to the LDH in the new locality, which is responsible for arranging continuation of needed services.
CFR 45 Part 400.94	**4.5 Medicaid and FAMIS (SCHIP*)***
	4.5.1 Virginia's SCHIP (State Children's Health Insurance Program) The name of Virginia's SCHIP is FAMIS (Family Access to Medical Insurance Security). To be eligible for FAMIS, a refugee child must be under 19 years of age, be ineligible for Medicaid, be uninsured now and not have had health insurance in the past 12 months, and have income below 200 percent of the federal poverty level.
	4.5.2 Medicaid and FAMIS (SCHIP) Administration The Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) share administration and operations of Medicaid and FAMIS. DMAS sets Medicaid policy and promulgates state regulations. DSS manages the applications and appeals process. It provides written guidance and training to local departments of social services, which administer the program at the local level.
	4.5.3 Application for Medicaid and FAMIS Resettlement providers are contractually obligated to assist the refugee in applying for Medicaid or FAMIS at the local departments of social services (LDSS) offices.
CFR 45 Part 400.93 (b) Part 400.94 (a) Part 400.101 (a)(1)	4.5.4 Refugee Eligibility for Medicaid and FAMIS The LDSS screens each individual in the refugee family unit for Medicaid or FAMIS and applies the same eligibility rules, including notice of appeals, to refugee applicants as it does all other applicants. The eligibility rules are set out in its State Medicaid and FAMIS Plans and in state statute and regulations.

ATTACHMENT 4 A

ONS Plan For Refugee Health Screenings In Virginia

A. Description of Health Screening Services

Refugees, like all newcomers to the U.S., must learn to navigate the U.S. health care system, which can be overwhelming to many. A holistic approach to provide health care to this vulnerable population is imperative for the first months in their new country. That health districts provide a detailed assessment of each refugee newcomer is essential to this process. Providing appropriate treatment for tuberculosis disease (TB) and latent tuberculosis infection (LTBI) is but one example of treating the condition, while providing education to the client and protecting the public health.

In Virginia, it is common to cover activities related to screening if they are done in conjunction with other services that are covered. In these instances, Medicaid provides reimbursement. However, Medicaid in Virginia does not cover health assessments as a freestanding service.

The public health system is uniquely qualified to identify conditions of public health significance. A licensed provider -- i.e. a public health nurse, a nurse practitioner, physician assistant, a physician or some combination of these -- can complete the Refugee Health Assessment. Health Districts are encouraged to make maximum use of trained assistants for measurements, vision checks, etc.

Health districts begin the orientation process to Virginia's health care system, while providing referrals to follow up of health problems identified at the assessment.

The Virginia Department of Health has four distinct levels of health screening for refugees. Each level entails specific screening procedures and is increasingly thorough at each higher level. Each level is reimbursed at a rate consistent with the costs of those procedures. Level one constitutes a minimum screening and local health departments are encouraged, through the Coordinator's office, to provide the highest level of screening. The four protocols for screening are:

Level I This is the minimum for the initial health assessment provided to each new refugee or asylee entering Virginia. It consists of an evaluation for tuberculosis disease or infection and includes an assessment for clinical signs and symptoms of tuberculosis; placement; interpretation of a tuberculin skin test reading; and a chest x-ray and therapy as indicated.

Level II This includes a gross but complete patient inspection or assessment and some laboratory testing, as indicated. An assessment of the refugee's immunization status is also included in this level.

Level III This includes listening to heart rate rhythm and lung sounds for abnormalities, not a diagnosis. Also included is further age-appropriate testing, such as a developmental evaluation for young children or further evaluation for anemia findings (e.g. malaria smears, sickle cell, lead screening) or sexually transmitted

diseases as indicated. Also included is education regarding cardiovascular disease, cancer, HIV, and other health issues, as indicated.

Level IV This level constitutes case management. Many refugees require some level of case management by a public health nurse. Level IV meets this purpose and provides a mechanism for capturing these data and reimbursing health districts commensurate with the knowledge and skill required to perform this case management.

B. Budget

The budget consists of the costs for health screenings provided by the local health departments; personnel costs of the State Refugee Health Coordinator; and interpreter costs for those situations where an interpreter does not accompany the refugee, as is normally the case. For example, a secondary migrant or an asylee may go directly to a health department prior to contacting a resettlement agency.

C. Mechanism Used For RMA Reimbursement

Local health districts request reimbursement for health screenings on a form designed for this purposes. The Virginia Department of Health (VDH) processes these forms and requests payments through an Inter-agency Transfer (IAT) between VDH and the Department of Social Services (VDSS).

VDH and VDSS entered into a Memorandum of Agreement (MOA) to formalize ONS' financial reimbursement for VDH's delivery of health services to refugees. Both agencies review and update the MOA annually. The MOA stipulates the State Refugee Health Coordinator (RHC) responsibilities, which are:

- Coordinating delivery of health assessments for all new refugees entering Virginia;
- Ensuring health assessments are provided by local health departments, preferably within three months after arrival;
- Coordinating reimbursement for the health assessments; and
- Monitoring and assessing the quality of domestic health assessments provided to refugees.

ONS oversight of the MOA and the delivery of health screening services are carried out in the following ways:

- Ongoing consultation (often monthly) between the State Refugee Coordinator and the State Refugee Health Coordinator;
- Through the State Refugee Health Coordinator's participation on the ONS Policy Committee, which meets monthly; and
- Through ONS desk audits and sign-off of detailed monthly invoices for local health assessments submitted by VDH to DSS in the form of an Interagency transfer (IAT).

THE HEALTH DISTRICT PROVIDING THE HEALTH ASSESSMENT COMPLETES THIS PORTION OF FORM

Was The Refugee Located ? (circle one) Yes / No If **Not** Located, Provide Reason If Known. _____

If The Refugee Was Not located, You Can Not Provide An Assessment. Do Not Continue But Return This Form to VDH Refugee Health Program.

If The Refugee Was Located, Provide Name of The **Health District** Providing This Health Assessment. _____

Person Completing This Form : _____ Phone # : (_____) _____ **Date of Assessment**: _____/_____/_____

Your district must decide whether or not to bill Medicaid for this initial health assessment.

YES ☐ Check here if your District **INTENDS** to bill the refugee's Medicaid for elements included in this Health Assessment. By checking here, the health district indicates it will accept the Medicaid reimbursement allowance for elements within this health assessment. Your district will **not** be reimbursed by DSS administered Refugee Medical Assistance Funds.

NO ☐ Check here if your District **DOES NOT INTEND** to bill Medicaid for elements in this Health Assessment. By checking here, the health district indicates that for this health assessment it will accept the reimbursement from DSS administered Refugee Medical Assistance Funds, facilitated by NHP. Further, the District agrees **not** to bill the refugee's Medicaid for *any* element included in this initial health assessment. Subsequent health visits can and should be billed to the refugee's Medicaid or other medical insurance.

LEVEL I: REQUIRED MINIMUM: Assessment for Tuberculosis Disease / Infection (May be completed by PHN, NP, PA, or MD)

(Level I only = $75.00) ***Each element requires an appropriate answer:***

Mantoux Skin Test Reaction	**Chest X-ray (in US) if PPD + &/or S/S**	**Therapy (as indicated)**
☐ Negative	☐ Normal (not TB)	☐ TX for suspected or confirmed TB disease is considered
☐ Positive	☐ Abnormal (TB suspected)	☐ Therapy for LTBI indicated
☐ Given, not read	☐ N/A (negative PPD &/or no S/S of TB)	☐ Based on evaluation, no therapy indicated now

	(Circle One)
1. What is the Refugee's P*rimary* Language (other than English)? _____	
2. Was an interpreter *necessary* to conduct this refugee's health history and assessment?	Yes / No
(If **Yes**, complete 3, 4, & 5 ---- If **No**, skip to Level II)	
3. Was a *competent, trained interpreter* available to facilitate this refugee's health history and assessment?	Yes / No
4. Was this *trained interpreter* used to facilitate this refugee's health history and assessment?	Yes / No
5. Was a *family member or friend* used to provide the interpretation?	Yes / No

LEVEL II: Health History and Assessment (May be completed by PHN, NP, PA, or MD)

(Level I and II = $210.00 if age 11 years or less; $250.00 if age 12 years or more)

Compensation for this level requires completion of Level I and a response to ***each*** item in Level II.

	(Circle One)
Review of the refugee's health history and …….	
2)The gross inspection / assessment / systems review. Question for current health problems? ……WNL?……..	Yes / No
3) A gross evaluation of vision and hearing (eye chart and whisper test) ……WNL?…….	Yes / No
4) A gross dental inspection / assessment (gross inspection of the oral cavity) ……WNL?……..	Yes / No
5) STD follow-up for any STD *if identified* on federal form DS-2053 ……	Done / NA
6) Is this refugee's weight appropriate for his / her height? ……	Yes / No
7) Is this refugee's hemoglobin **& / or** hematocrit appropriate for his / her age & sex? ……	Yes / No
8) If 5 years old or over, is this refugee's Blood Pressure grossly within normal limits? (If age < 5, circle Yes)……	Yes / No

9) Review the refugee's immunization history. Determine if his/her immunization status is current and up to date for age. *Indicate if any update is necessary by checking yes/no to each item.* **You are encouraged to begin the update (give immunizations) during this visit and then refer appropriately for follow up through your district immunization clinic.**

Diphtheria, Tetanus, Pertussis and if indicated for age, ……..	Yes / No
Polio ……	Yes / No
Measles, Mumps, and/or Rubella ……..	Yes / No
Hepatitis B (series requires referral to immunization clinic) ……	Yes / No
Haemophilus influenzae type B ……	Yes / No
Varicella ……	Yes / No
Pneumococcal (necessary if indicated by age or health condition) ……	Yes / No
Influenza (necessary if season, age, and /or health condition) ……	Yes / No

10) Hepatitis B Screening: (Africa, Asia, Middle East; former Soviet States & Eastern Europe) …… ….	Done / NA
11) Parasite screening: (Africa, Asia, Middle East, and if from a refugee camp) ……	Done / NA
12) **IF FEMALE**, is this refugee currently pregnant?……	Male / Yes / No
13) General mental status assessment WNL? (ie: orientation to person, place, time, as age appropriate)? ……	Yes / No

Level III: Expanded Health Assessment (May be completed by PHN, NP, PA, or MD)
(Level I, II, and III = $230.00 if age 11 or less; $270.00 if age 12 or more)
Compensation for this Level is contingent upon completion of Level I and II. Level III sections are specific to the refugee's age.

(Circle one)

1) A physical assessment, *that at a minimum, includes listening to heart & lung sounds.* No diagnosis necessary, but if sounds are abnormal a referral will be necessary in Level IV. ……

Done / Not Done

2) Age specific recommended screening:

a) **age <5 years**:
- 1- Measure head circumference ……..WNL?…….Yes / No
- 2- Assessment for developmental milestones ……WNL?……..Yes / No

b) **age 5-15 years**:
- 1- Provide nutritional assessment (if ht & wt <5th%) ……Done / NA
- 2- Developmental level / mental status assessment …… WNL?……..Yes / No

c) **age >15 years:**
- 1- Further evaluation if weight more than 10% under normal range OR if more than 40% over normal range. …… Done / NA
- 2- Evaluation for hypertension if BP elevated. …….. Done / NA
- 3- CBC, platelets, if hematocrit less than 30%. …… Done / NA
- 4- VDRL if indicated by history or abnormal exam. …… Done / NA
- 5- Offer HIV testing if indicated by history or abnormal exam. … Done / NA

d) **age >46 years or if indicated at any age**:
- 1- Stool exam for blood (hemoccult). …… Done / NA
- 2- Fasting glucose. …… Done / NA
- 3- Fasting cholesterol. …… Done / NA
- 4- Cancer information and / or evaluation as appropriate. …….. Done / NA

LEVEL IV: PUBLIC HEALTH NURSE CASE MANAGEMENT

Includes any referrals as necessary based on health assessment. This Level is reimbursed once @ $100.00, regardless of the number of referrals. Make sure the referral corresponds to findings as documented in the previous Levels. If not, the referral cannot be counted.

(Circle one)

1) Referral for consideration of therapy for TB infection or disease? …… yes / no
2) Referral for abnormal vision finding?…… yes / no
3) Referral for abnormal hearing finding?…… yes / no
4) Referral following a **normal** dental inspection? …… yes / no
5) Referral for follow up due to an **abnormal** dental inspection? …… yes / no
6) Referral necessary for an STD/HIV finding?…… yes / no
7) Referral necessary for abnormal weight finding? …… yes / no
8) Referral necessary for anemia/malaria findings?…… yes / no
.9) Referral necessary to update immunizations per ACIP guidelines?…… yes / no
10) Referral necessary for Hepatitis B?…… yes / no
11) Household contact testing for Hepatitis B necessary? …… yes / no
12) Referral required for abnormal parasite screening?…… yes / no
13) Referral necessary for developmental delays? …… yes / no
14) Referral necessary for mental health evaluation? …… yes / no
15) Referral for any other problems identified at health assessment?…… yes / no

This form serves as both an invoice tool and health data collection tool, please complete appropriately and accurately. NHP can only reimburse Health Districts. NHP cannot reimburse private physicians or non health department clinics. However, a health district may choose to contract with a private health provider to conduct the health assessment. The district then accepts responsibility for reimbursing their contractor.

PLEASE RETURN FORM TO VDH/NHP AS SOON AS POSSIBLE AFTER HEALTH ASSESSMENT IS COMPLETED
Reimbursement Can Only Be Made With Proper Documentation

Forms received one year or more after the assessment date OR one year or more after the refugee's arrival into the U.S. will be returned and the district will not be reimbursed for services.

Questions?
Call the Newcomer Health Program @ 804-864-7910
fax number 804-864-7913

VDH/NHP revised 01/06

5 Refugee Medical Assistance

CFR 45 Part 400.101 (a)(1) *Attachment 5A*	**5.1 Eligibility for Refugee Medical Assistance** The local departments of social services (LDSSs) determine refugees eligible for Refugee Medical Assistance (RMA) when refugees are found eligible for Medicaid or FAMIS under Virginia's medically needy financial eligibility standards, but ineligible under its non-financial standards. ONS staff wrote the guidance documents used by LDSS staff providing RMA. These documents follow federal rules and regulations and .
CFR 45 Part 400.100 (a)(1)	5.1.1 Financial Eligibility Rule Refugees who meet the Medicaid or FAMIS (SCHIP) financial eligibility standards, but are otherwise ineligible for Medicaid or FAMIS, are eligible for RMA.
CFR 45 Part 400.100 (a)(3)	5.1.2 Financial Eligibility Standards Refugees must meet the financial eligibility requirements set out in §400.101 to be eligible for RMA.
CFR 45 Part 400.100 (a)(2)	5.1.3 Children of Refugees Children of refugees are eligible for RMA subject to meeting immigration identification requirements and to the limitations in § 400.208.
CFR 45 Part 400.100 (a)(4)	5.1.4 Notification of Name of Resettlement Agency LDSSs providing RMA are given the name of the refugee resettlement agency serving the refugee applying for RMA.
CFR 45 Part 400.100 (a)(5)	5.1.5 Full-Time Students Refugees who are full-time students in institutions of higher education, which are not part of the refugee's individual employability plan or URM plan, are ineligible for RMA.
CFR 45 Part 400.100 (b)	**5.2 Period of Eligibility** Virginia policy is based on the ORR Director's yearly determination of period of eligibility, in accordance with § 400.211 (a).

CFR 45 Part 400.100 (c)	**5.3 RCA Not a Condition of RMA** A refugee may apply for RMA without also applying for RCA. Receipt of RCA is not an eligibility requirement for receiving RMA.
CFR 45 Part 400.100 (d)	**5.4 RCA Eligibility Allows RMA Eligibility** A refugee receiving RCA who is not eligible for Medicaid or SCHIP is eligible for RMA.
	5.5 Continued Coverage When Earnings Increase
CFR 45 Part 400.104 (a)	5.5.1 Earnings While Receiving RMA When refugees receiving RMA begin to receive earnings from employment, RMA continues until the end of the their eligibility period.
CFR 45 Part 400.104 (b)	5.5.2 Medicaid Discontinuance When refugees who are receiving Medicaid are disqualified due to increased earnings, they are eligible to receive RMA until the end their RMA eligibility period.
CFR 45 Part 400.104 (d)	5.5.3 Employer Provided Health Insurance When refugees receive employer-provided health insurance, RMA is reduced by the amount of the third party payment.

ATTACHMENT 5 A

Refugee Medical Assistance Policy

(Summary)

Introduction

Virginia's local departments of social services (LDSSs) administer Virginia's two primary public medical assistance programs: Medicaid and FAMIS (Family Access to Medical Insurance Plan). Refugees who meet the financial criteria for Medicaid or FAMIS but not the non-financial criteria are eligible for RMA for a limited time. It is, however, a program of last resort. A refugee is eligible for RMA only after a Medicaid eligibility worker determines the refugee is not eligible for Medicaid or FAMIS.

1. RMA Eligibility

    a. Medicaid eligibility workers consider eligibility for RMA after determining the refugee:

        1) meets the financial requirements for Medicaid or FAMIS, but not the non-financial requirements, and

        2) applied for Medicaid or FAMIS within the established RMA time limit.

    b. Medicaid eligibility workers disqualify refugees who are full-time students in an institution of higher education – unless the refugee is enrolled in a one-year re-certification program which is part of a comprehensive resettlement plan (CRP) and the education is contributing to the refugee's self-sufficiency.

    c. The refugee gives the Medicaid eligibility worker the name of the sponsoring resettlement agency. Asylees and victims of trafficking are exempt from this requirement.

2. Newborns

    a. A child born to refugee parents meeting the financial requirements for RMA is eligible for RMA if the mother is receiving RMA when the child is born.

    b. Infants eligible for RMA may receive RMA until the end of the mothers' eight-month period of eligibility.

3. Time Limit

    a. The Medicaid eligibility worker calculates benefits for refugees from the first day of the month in which the refugee files the application for Medicaid. Eligible refugees may receive RMA up to eight months following the month of arrival into the United States.

    b. Refugees may be eligible for three months of retroactive coverage if he or she applies for Medicaid after the date of eligibility for RMA begins. For example, if the refugee arrives in the United States in January but does not apply for Medicaid until April, he may be reimbursed for a medical service rendered during the period between January and the Medicaid, FAMIS, or RMA approval date.

    c. The Medicaid eligibility worker calculates benefits for asylees from the date the asylee was granted asylee status. Eligible asylees may receive RMA up to eight months following the month asylee status was granted.

    d. The Medicaid eligibility worker calculates benefits for a victim of trafficking from the date the federal Office of Refugee Resettlement (ORR) issued the victim of trafficking certification letter.

4. Rules

    a. The Medicaid worker determines RMA eligibility only after it has been determined the refugee does not qualify for Medicaid or FAMIS. The same financial eligibility requirements used for Medicaid are used to determine eligibility for RMA. The non-financial Medicaid rules do not apply to RMA.

    b. The refugee must present documentation of his or her refugee status at the time of application. The refugee is not required to have a social security number to apply for RMA, but he or she should provide proof of application for a social security card.

    c. The eligibility worker notifies the resettlement agency when a refugee applies for temporary assistance.

    d. Earnings from employment gained after a refugee begins receiving RMA do not impact eligibility for RMA or the amount of the RMA payment.

    e. A refugee receiving Medicaid during the first eight months after arrival in the United States who becomes ineligible due to income from employment is transferred to RMA, without further screening, for the remainder of the eight-month RMA eligibility period.

f. When the employer of a refugee receiving RMA enrolls the refugee in an employer-sponsored health insurance program, RMA becomes the secondary coverage option and picks up costs not covered by the employer sponsored insurance.

5. Income Considerations

a. The Medicaid eligibility worker considers the income and resources on the date of application, not the average income over the application-processing period, when determining eligibility for RMA.

b. Asset considerations mirror the Medicaid stipulations and limits, except that the eligibility worker does not consider assets refugees hold in their country of origin.

c. The eligibility worker does not consider income and resources of a refugee's sponsor(s) in determining eligibility for the RMA nor shelter or in-kind resources provided to the refugee by the sponsor.

d. The eligibility worker does not count as income or assets the cash assistance payments paid to the refugee through RCA or TANF or under the Department of State or Department of Justice Reception and Placement Program. (The eligibility worker does not consider reception and placement funds when determining income because they fall into the category of "in-kind benefits and vendor payments.")

6. Notification of Approval or Denial

a. The Medicaid eligibility worker notifies the refugee of the results of the RMA eligibility determination in a timely manner. In no case is this notice to exceed 45 days from the date of application.

b. The notification clearly indicates that RMA is denied or approved. If RMA is denied, the notice includes an explanation of ineligibility, along with a statement about the refugee's right to appeal the decision.

c. The Medicaid eligibility worker notifies the refugee when a medical service is denied.

d. LDSS written communication with the refugee complies with Title VI of the federal Civil Rights Act.

7. Appeals

a. Refugees who have applied for or are receiving RMA have a right to appeal in the following instances:

1) When they have been denied RMA benefits;

2) When the LDSS has not notified them of their RMA determination within 45 days of application; or

3) When they been denied a medical service that normally is covered under Medicaid, FAMIS or RMA.

b. For a hearings office to hear an appeal, the refugee must file the appeal within 30 days of receipt of a notice of negative action.

c. The LDSS must ensure that access to the appeal process is not denied in any way because the refugee has limited English proficiency.

d. If the refugee makes an appeal in a timely manner, medical benefits will continue during the appeal period, unless it exceeds the period of RMA eligibility. If, however, the hearings process sustains the LDSS proposed action, the refugee repays the full amount of any medical bills paid during the appeal process.

e. A hearings officer is to decide the case in writing within 90 days of the date that the refugee requests a hearing. The refugee may appeal the hearing officer's decision to the Circuit Court in the refugee's city or county of residence.

f. The refugee may receive free legal advice through the local legal aid office.

Source: *Virginia Refugee Resettlement Program Manual, synopsis of pages 38 – 47*

6. Unaccompanied Refugee Minor Program

CFR 45 Part 400.5 (e)	
CFR 45 Part 400.117	**6.1 Contractual Arrangement with Child-Placing Agency** Virginia is one of the few programs in the United States designated to serve refugee children who are lawfully admitted to this country and unaccompanied by a parent or immediate adult relative or have no known immediate adult relative in the United States through the Virginia Unaccompanied Refugee Minors (URM) Program. The Department of Social Services contracts with a private non-profit child-placing agency with extensive knowledge and experience in serving this challenging population.
CFR 45 Part 400.112 Part 400.116	**6.2 Provision of Child Welfare Services** The URM Program operates under state rules and regulations governing Virginia's foster care system. The URM child is eligible for the same maintenance, medical assistance, and support services and benefits as any child in foster care in Virginia.
	6.3 Eligibility Provisions
CFR 45 Part 400.111	6.3.1 Eligible Children Virginia's URM program serves children entering the United States with a URM designation; children of refugees unable to stay with their family and reclassified as URM after arrival; children seeking asylum who enter the United States unaccompanied and are designated URM after arrival; and children designated as victims of trafficking in humans.
CFR 45 Part 400.113	6.3.2 Duration of Eligibility A refugee child is eligible for services during the 36-month period beginning with the first month the child entered the United States unless the child is reunited with a parent, is united with an adult with legal custody, or attains 18 years of age.

CFR 45 Part 400.115 Part 400.119 *Attachment 6A*	**6.4 Establishing Legal Responsibility** The program design requires the contract agency, within 30 days of the child's arrival in Virginia, to petition the court in the jurisdiction where the URM child resides to establish legal custody or guardianship in accordance with Virginia laws and regulations governing the Interstate Compact on the Placement of Children and foster care entrustment agreements. The contract agency follows these same laws if a URM child moves to another state.
45 CFR Part 400.118	**6.5 URM Case Planning** The scope of services in the contract with the child-placing agency sets out a URM program design consistent with federal requirements for this program. The design is based on the goal of providing culturally, ethnically, and linguistically appropriate child welfare services to refugee children
45 CFR Part 400.118(b)(3)	6.5.1 Health Screening and Treatment Any child receiving child welfare services under the Virginia Unaccompanied Refugee Minor Program receives Refugee Medicaid benefits
45 CFR Part 400.118 (b)(4); (b)(5);(b6)	6.5.2 Case Plan The contract agency develops a case plan for each child in the program. The plan describes educational needs, preparation for independent living, health needs, English language proficiency, vocational and occupational training needs, cultural orientation needs, and how best to preserve the child's ethnic and religious heritage in the delivery of these services.
45 CFR Part 400.118(b)(1)	6.5.3 Linkages with Family and Community The program design calls for placement decisions based on uniting the child with family or relatives. If this is not possible and if placement in a home with similar cultural and ethnic background is not possible, the child-placing agency arranges bilingual services and formalizes linkages between the child and his or her ethnic community.

45 CFR Part 400.118(b)(2)	6.5.4 Placement Options The program design calls for placement options that include specialized (teaching) foster homes; therapeutic group homes; transitional independent living arrangements; independent living placements; and residential facilities. Adoption is normally not an option because a goal of the URM Program is family reunification.
45 CFR Part 400.118 (c)	6.5.5 Case Plan Monitoring The program design requires the contract agency to review, at least every six months, the continued appropriateness of each child's living arrangements.
	6.6 Supervision of URM Contract Agency
	6.6.1 Compliance Monitoring The child-placing agency that operates Virginia's URM Program is subject to the same compliance monitoring as all other certified state child-placing agencies. As such, the Department of Social Services' Division of Licensing monitors its activities.
CFR 45 Part 400.117	6.6.2 Oversight Responsibilities The Office of Newcomer Services, through its contractual agreement with the child-placing agency operating the URM Program, has oversight responsibilities of the URM Program.
CFR 45 Part 400.28 (a)(1)	6.6.2.a ONS ensures the case record content is consistent with federal regulations.
	6.6.2.b ONS audits URM fiscal reporting.
	6.6.2.c ONS maintains a case file for each URM child for monitoring and quality control purposes.
CFR 45 Part 400.120	6.6.3 Progress Reports The URM Program contract agency sends placement and progress reports directly to the federal Office of Refugee Resettlement. The contract agency sends the Office of Newcomer Services a copy of the reports.

ATTACHMENT 6 A

Interstate Compact on the Placement of Children

Effective October 1, 2002, the Virginia's General Assembly adopted the Interstate Compact on the Placement of Children (ICPC), which is a uniform law legislated in all 50 states, the District of Columbia, and the U. S. Virgin Islands.

This ICPC law both

> (1) ensures the protection of children who are placed across state lines for foster care and adoption, and
>
> (2) assigns responsibility among all parties involved until lawful Compact termination.

Procedures for the interstate and inter-country placement of children ensure a proposed placement is not contrary to the interests of the child and complies with state laws and regulations.

The Commissioner of the Virginia Department of Social Services (VDSS) is responsible for approving and monitoring interstate placements of children. Virginia's ICPC Office is located in the VDSS' Division of Family Services.

The ICPC law applies to four situations in which a child moves from one state to another.

1. The placement in Virginia is preliminary to adoption.

2. The placement is in foster care in Virginia, including foster homes, group homes, residential treatment facilities, and child-caring institutions.

3. The placement is with parents or specified relatives when a parent or specified relative is not making the placement.

4. The placement is of adjudicated delinquents into private institutions in another state.

Source: *Virginia Department of Social Services Office ICPC Website*

7 Cuban/Haitian Entrant Program

CFR 45 Part 401	**7.1 Eligibility for Services** Virginia extends to entrants under the Cuban/Haitian Entrant Program the same benefits and services available to refugees under Title IV of the Immigration and Nationality Act. When determining the eligibility of Cuban/Haitian Entrants for cash and medical assistance, the same standards and criteria are applied to entrants as are applied for refugees under section 400.62 of the regulations. The same social services available to refugees provided directly or purchased by the State of Virginia and funded with federal dollars are also available to these individuals.
CFR 45 Part 401.12	**7.2 Refugee Cash and Medical Assistance** Cuban Haitian entrants are eligible for cash and medical assistance from the same agencies and under the same conditions as other individuals designated as refugees.

8. Maintenance of Records

45 CFR Part 400.28 (a)	**8.1 Maintenance of Records** The Virginia Refugee Resettlement Program maintains operational records necessary for federal monitoring of its refugee resettlement program.
45 CFR Part 400.28 (a) (1)	**8.2 Documentation of Services** The Virginia Newcomer Information System is a comprehensive automated case tracking system maintained by ONS. VNIS tracks client data for use in federal reporting. VNIS is the data source for Virginia's federal statistical reporting on the number of refugees served and the type and number of services provided.
	8.2.1 VNIS Management VNIS is managed directly by ONS staff. This allows accurate and quick response to needed system modifications, system user needs, and federal ORR directives.
	8.2.2 VNIS Security Refugee resettlement contract agencies' computers are connected to the Department of Social Services automated network through a Virtual Private Network (VPN) and share the VDSS security system.
CFR 400 Part 400.28 (a) (2)	**8.3 Records on Unaccompanied Minors** The contract agency collects and maintains the official records on the location, progress, and status of unaccompanied minor refugee children, including the last known address of parents. For ONS tracking purposes, ONS maintains both a Refugee Unaccompanied Minor database and a physical case file on each child.
CFR 400 Part 400.28 (a) (3)	**8.4 Documentation of Medical Follow-up** The Virginia Department of Health tracks refugee health screenings and needed medical follow-up services.
CFR 400 Part 400.28 (b)	**8.5 Submittal of Statistical and Programmatic Information** The Virginia Refugee Coordinator is responsible for submitting to ORR, in a timely manner, thorough and accurate reports on the number of refugees served and the associated costs.

9. Program Monitoring	
Attachment 9A	**9.1 Outcome Based Contracts** Virginia's contract with each refugee resettlement provider establishes measurable performance outcome requirements. The outcome requirements are called the "Annual Goal Plan." Each provider's success in meeting these performance requirements is the primary determining factor for continued funding.
CFR 45 Part 400.22 (b) (2)	**9.2 Contractor Performance Reviews** Virginia's contract with each refugee resettlement provider establishes two methods of reviewing performance. The first is an independent audit, paid for at the contractor's expense. The second is a series of compliance reviews conducted by ONS, both quarterly and yearly.
	9.2.1 Site Visits Site visits include (1) interviews with both case managers and management staff, and (2) case record reviews.
	9.2.2 Data Reviews Data review consists of a review of case activities reported in the Virginia Newcomers Information System.
	9.2.3 Activity Monitoring Review of quarterly narrative reports of project activities and issues.
	9.2.4 Case Record Reviews Review of client files to monitor development and implementation of the comprehensive resettlement plan to guide the refugee in reaching self-sufficiency.
	9.2.5 Other requirements
	9.2.5.a Equal access to services by men and women.
	9.2.5.b Use of bilingual and bicultural women staff.
	9.2.5 c Collaboration among voluntary agencies and service provider agencies to form a network of support for refugees.

Attachment 9B	**9.3 Quarterly Review Findings** ONS gives contract agencies informal feedback on quarterly review findings through conversations and memorandas. ONS gives contract agencies formal feedback on annual review findings at year-end contract evaluation meetings and through written evaluations.

ATTACHMENT 9 A

Contractor Annual Goal Plan

The Government Performance Results Act, Public Law 103-62 designated the Refugee Resettlement Program as one of the programs to implement performance indicators. Since 1996, the Virginia Refugee Resettlement Program prepares and submits annual performance goal plans. Each resettlement provider is subject to and accountable for meeting the performance outcomes agreed to in its yearly contract with the Office of Newcomer Services. The following Annual Goal Plan is required yearly from each contractor.

Measure	***Proposed***		***Actual***	
Entered employments				
Cash Assistance Terminations Due to Employment				
Cash Assistance Reductions Due to Earnings				
Average Hourly Wage at Placement				
Employment retention				
Entered Employment with Health Benefits				

Source: ONS Program Contract, synopsis of pages 17 – 18

ATTACHMENT 9 B

Office of Newcomer Services

Quarterly Performance Feedback Form

Contractor _____ FFY _____ Quarter _____

Reviewer Comments

Reviewer Questions

Source: *ONS Internal Operational Document*

10 Fiscal Monitoring	
Attachment 10 A	**10.1 Invoice Reviews** ONS provides fiscal oversight for the Virginia Refugee Resettlement Program. This includes monitoring all invoices to ensure expenditures comply with contract terms and conditions. Four primary types of fiscal reimbursements are monitored by ONS.
	10.1.1 Refugee Cash Assistance Payments Local departments of social services issue refugee cash assistance payments. ONS reimburses the local departments for these costs.
	10.1.2 Refugee Medical Assistance Payments The Virginia Department of Medical Assistance Services (VDMAS) makes refugee medical assistance payments on behalf of the refugee. ONS reimburses them for these costs.
	10.1.3 Refugee Resettlement Service Costs Refugee resettlement agencies under contract with ONS to provide resettlement services for refugees are reimbursed for the costs expended under these contracts.
	10.1.4 Refugee Health Screening Refugee health screening is done by the Virginia Department of Health (VDOH) through a Memorandum of Understanding with the Department of Social Services. ONS reimburses the Department of Health for these costs.
	10.2 ONS Administrative Costs Administrative costs related to the operation of the Virginia Refugee Resettlement Program are covered under federal ORR funding.

ATTACHMENT 10 A

Contractor Audit and Performance Reviews

IX Special Terms and Conditions

9.1 AUDIT: The Contractor at its expense will have an independent contract audit performed annually in accordance with OMB Circular A-133 if an institution of higher learning or other non-profit institution, or OMB Circular A-128 if a state or local government agency. Three copies of the audit report will be sent to the Commonwealth within 30 days after receipt of the report by the institution or agency. The Contractor hereby agrees to retain all books, records, and other documents relative to this contract for five years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, or state auditors shall have full access to and the right to examine any of said materials during said period.

9.15. CONTRACTOR PERFORMANCE: The Commonwealth may monitor and evaluate the Contractor's performance under the contract through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies and organizations and individuals having knowledge of the Contractor's services or operations, audit reports, and other mechanisms deemed appropriate by the Commonwealth. Performance under this contract shall be a primary consideration for extension of this contract and may be a consideration in future contracts awards and negotiations.

Source: ONS Program Contract, pages 58 & 60

11 Waivers And Withdrawals

The Virginia Refugee Resettlement Program does not operate its program with any waivers or withdrawals from existing federal regulatory requirements.

12 Pandemic Influenza Preparedness Planning

CFR 45 Part 400.5 (i)(4)	
(ORR SL 06-10)	**12.1 Governmental Planning**
Attachment 12 A	12.1.1 Authority and Infrastructure U.S. Secretary of Health and Human Services (HHS) Michael O. Leavitt and Virginia Governor Timothy M. Kaine agreed on a pandemic influenza planning resolution which defines both the shared and independent responsibilities of HHS and Virginia for pandemic influenza planning and preparedness and establishes dates by which Virginia's preparedness plan will be in place.
	12.1.2 Access and Involvement
Attachment 12 B	12.1.2.a All persons in Virginia, including those served by the Virginia Refugee Resettlement Program, are included in Virginia's pandemic influenza emergency operational planning.
Attachment 12 C	12.1.2.b The Virginia Department of Health Pandemic Influenza Advisory Committee includes both the State Refugee Coordinator and the State Newcomer Health Program Coordinator. These two appointees role is to ensure the Virginia's refugee populations are included all aspects of pandemic planning.
ORR SL 06-10 Item Two	**12.2 Demographic Profiling** The Office of Newcomer Services is developing a demographic profile of (i) the refugee population currently served by its refugee resettlement providers and those they served over the past two years; (ii) the refugee population that may have migrated to Virginia within the last two years; and (iii) the refugee population Virginia anticipates serving through December 2006.
	12.2.1 Representation in State Demographic Profiling 12.2.1.a. The Office of Newcomer Services (ONS) will inform emergency planning organizations of the size and location of refugee populations, their language, and their cultural practices through participation on Virginia's Pandemic Influenza Planning Advisory Committee and Department of Emergency Management Vulnerable Populations Committee.

	12.2.1.b. Office of Newcomer Services funded refugee resettlement providers will inform local emergency groups through participation in local planning efforts.
ORR SL 06-10 Item Three	**12.3 Refugee Populations Participation**
Attachment 12 D	12.3.1 Pandemic Preparedness Planning Team The Office of Newcomers Services (ONS) established a committee to participate in the development of the Virginia Resettlement Program Pandemic Influenza Continuity of Operations Plan. The committee is chaired by the ONS Contract Manager and includes the Virginia Department of Health Newcomer Health Program Coordinator, three refugee resettlement agency directors, and a representative of the Virginia Department of Emergency Management.
	12.3.2 Virginia Department of Health Pandemic Influenza Advisory Committee An advocate for refugees and immigrants, who is also a refugee resettlement agency director, was appointed to the Virginia Department of Health Pandemic Influenza Advisory Committee.
ORR SL 06-10 Item Four	**12.4 Refugee Health Program Role**
Attachment 12 B	12.4.1 Designing Public Health Measures The Virginia Department of Health Pandemic influenza Plan has eleven supplements which mirror the supplements to the federal plan. These supplements include disease surveillance, laboratory diagnostics, infection control, clinical guidelines, vaccine procurement and distribution, disease control and prevention, travel risks and containment, quarantine strategies, and psychosocial support.
	12.4.2 Implementing Public Health Measures 12.4.2.a As a member of the Virginia Pandemic Planning Advisory Committee, the Virginia Department of Health Newcomer Health Program Coordinator will ensure (i) Virginia's pandemic influenza public health measures take into account the health orientation of refugee populations; (ii) existing health protocols are revised to include refugee populations; and (iii) public health nurses who serve refugee populations are informed and knowledgeable about pandemic protocols.

	12.4.2.b As a member of the Office of Newcomer Services Refugee Populations Emergency Preparedness Team, the Virginia Department of Health Newcomer Program Coordinator will ensure that refugee resettlement staff and refugee populations are informed about (i) personal hygiene; (ii) surveillance and containment of contagious diseases; and (iii) and infection control, vaccine distribution, and anti-viral treatments
ORR SL 06-10 Item Five	12.5 **Information Dissemination**
	12.5.1 Refugee Understanding of Pandemic Preparedness The Office of Newcomer Services Pandemic Preparedness Planning Team will manage the development of instructional materials on avian influenza for use by resettlement providers to inform refugee populations about potential influenza outbreaks and actions to take if a pandemic is declared by state or federal officials.
	12.5.2 Refugee Access to Information About Pandemic Preparedness The Office of Newcomer Services (ONS) is writing a Virginia Refugee Resettlement Program Continuity of Operations Plan in coordination with the refugee resettlement providers. This plan will set forth communication links at the state and local levels that will inform refugee populations about community pandemic influenza preparedness.
	12.5.3 Informing Refugees of Pandemic an Influenza Outbreak The Virginia Refugee Resettlement Program Continuity of Operations Plan will set forth the methods Virginia will use to ensure that refugee populations receive and understand state and national announcements when a pandemic influenza is declared by emergency preparedness officials.
ORR SL 06-10 Item Six	**12.6 Continuity of Operations Plan** The Virginia Department of Social Services (VDSS) is developing a VDSS Continuity of Operations Plan which will define how each program administered by VDSS will continue to operate in the event of an emergency or disaster. Each VDSS operational area, including the Office of Newcomer Services (ONS), is drafting standard operating procedures (SOP). The SOP will define the protocols ONS staff and resettlement staff will follow to ensure continued administration and operation of the Virginia Refugee Resettlement Program in the event of a disaster, including a pandemic influenza.

	12.6.1 Delegation of Authority The Virginia Department of Social Services Continuity of Operations Plan will define under what conditions management decision making authority will be delegated to other individuals both at both the state and local level.
	12.6.2 Infrastructure to Ensure Coordination of Services The plan will define protocols for state and local refugee resettlement program staff to follow to ensure service delivery to refugees during a pandemic influenza, including coordination with state and local government emergency management officials.
	12.6.3 Contact and Emergency Communication The plan will list federal, state, and local officials and organizations with whom the Office of Newcomer Services and refugee resettlement providers will need to communicate before and during a pandemic influenza outbreak. The plan will define what contact information is to be provided, by whom, to whom, and how it will be updated. It will specify how emergency communication will be handled in the event normal communications channels are not available, including a mechanism for communication between the federal Office of Refugee Resettlement and Virginia's Office of Newcomer Services should there be a pandemic influenza.

Attachment 12 A

TEXT OF PANDEMIC INFLUENZA RESOLUTION
BETWEEN
U.S. SECRETARY OF HEALTH AND HUMAN SERVICES MICHAEL O. LEAVITT
AND
VIRGINIA GOVERNOR TIMOTHY M. KAINE

Planning Resolution between Secretary of Health and Human Services Mike Leavitt and Governor Kaine of Virginia

Whereas:

1. Influenza pandemics have occurred three times in the last century, and history and science suggest that the country and the world could face one or more pandemics in this century;

2. A pandemic can cause severe illness, death and disruption throughout the country and the world, and outbreaks can occur in many different locations all at the same time;

3. Preparing for an influenza pandemic requires coordinated action at all levels of government - federal, state, local, tribal - and all sectors of society, including businesses, schools, faith-based and community organizations, families and individuals;

4. The federal government has committed to taking a leadership role in creating a prepared Nation by monitoring international and domestic outbreaks, providing funding and technical assistance to foster local and state preparedness, stockpiling and distributing countermeasures, developing new treatments, and coordinating the national response;

5. The Secretary of the United States Department of Health and Human Services (HHS) has committed to holding pandemic planning summits in all 50 states, assisting states to improve their level of preparedness;

6. President George W. Bush asked Congress for emergency spending authority to prepare the United States against the possibility of a pandemic. The Congress has provided over $3 billion for that purpose in the Defense Appropriations Act for 2006, including funding for state and local planning purposes;

7. States and local communities are responsible under their own authorities for responding to an outbreak within their jurisdictions and having comprehensive pandemic preparedness plans and measures in place to protect their citizens;

8. Consistent with its authorities and availability of funding, HHS may provide additional resources for State and local influenza planning and preparedness activities, and require specific preparedness goals and achievement of these goals from States and localities as a condition of financial assistance;

9. Preparedness plans must be continuously exercised and updated to make sure they work and to achieve a stronger level of preparedness; and

10. Pandemic preparedness will help communities deal with any type of medical emergency and will have lasting benefits for the health of our Nation;

11. HHS and [State] share common goals, and have shared and independent responsibilities for influenza planning and preparedness.

Be it resolved:

1. HHS will be responsible for:

a) Continuing to provide substantial guidance and technical assistance to Virginia as it prepares to respond to a possible influenza pandemic. Among other things, HHS, and its operating divisions, coordinates pandemic response activities with state, local and tribal public health and health care agencies; supports state pandemic planning efforts; communicates and disseminates timely influenza pandemic information and technical guidance to state and local public health departments and health care agencies; and provides direct support and technical guidance for epidemiological investigations and diagnostic services through the Centers for Disease Control and Prevention (CDC)..

b) Consistent with its statutory authorities, direction from Congress, and Departmental regulations and policy, and subject to available funding, providing States financial assistance through funds appropriated as part of the FY 2006 Defense Appropriations Act for the purposes of pandemic planning. Although a portion of those funds will be made available to the state immediately upon receipt of a self assessment of readiness, receipt by Virginia of additional amounts will depend upon achievement of specific preparedness goals as agreed to by HHS and Virginia.

c) Within six months, reviewing Virginia's plans for use, storage and distribution of antiviral and notifying Virginia of its portion of the federal stockpile of pandemic influenza antiviral drugs.

2. Virginia will be responsible for:

a) Augmenting state and local planning with a State and Local Pandemic Preparedness Summit.

b) Updating state pandemic influenza plans based on guidance given in the HHS Pandemic Influenza Plan and the National Strategy for Pandemic Influenza both released in November 2005 and any guidance the Secretary may provide concerning the use of countermeasures necessary to address a pandemic.

c) Assuring that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan that will coordinate effectively with Emergency Support Function 8, Health and Medical Services, of the National Response Plan and the National Incident Management System.

d) Establishing a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community based, and faith-based sectors, as well as private citizens) and that will assist the State in

Virginia Department of Health

Emergency Operations Plan

Attachment
Pandemic Influenza

Revised March 2006
v.03.09.2006

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Appendices

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Executive Summary

Influenza A viruses periodically cause worldwide epidemics, or pandemics, with high rates of morbidity and mortality. Unlike other public health emergencies, an influenza pandemic will affect multiple communities across Virginia, and the entire nation, simultaneously. It is estimated that during eight weeks of pandemic activity in Virginia, as many as 1,137,850 outpatient visits, 24,090 hospitalizations, and 5,380 deaths could occur across the state. The Centers for Disease Control and Prevention estimates that pandemic activity could continue for as long as 18 months, which would greatly increase the number of individuals affected.

Preparedness planning is a shared responsibility that is needed at all levels of government, including state, regional and local levels, as well as in all communities. Local jurisdictions must also be prepared to respond in the context of uncertain availability of external resources and support. Further, because government will not be able to provide all preparedness, response and recovery needs, individual citizens, businesses, non-profit groups, and others should integrate pandemic influenza planning activities into their efforts.

The Virginia Department of Health (VDH) Pandemic Influenza Plan consists of preparedness and response components that are consistent with the Health and Human Services (HHS) Pandemic Influenza Plan. The background section outlines pandemic influenza assumptions, delineates relevant sections of Virginia Code, addresses coordination and decision making, provides background information about influenza, and provides morbidity and mortality projections.

There are eleven supplements to the plan, which mirror the supplements to the federal plan. The surveillance supplement (Supplement 1) provides recommendations for disease surveillance throughout the phases of a pandemic. The laboratory diagnostics supplement (Supplement 2) addresses the role of the Virginia state public health laboratory, the Division of Consolidated Laboratory Services, in influenza surveillance for season flu as well as a novel influenza strain. It also provides recommendations for clinical, local public health and other laboratories. The healthcare planning supplement (Supplement 3) provides healthcare partners with recommendations for developing plans to respond to an influenza pandemic, and the infection control supplement (Supplement 4) outlines strategies for limiting the spread of influenza. For the clinical guidelines supplement, VDH endorses the recommendations in supplement 5 of the HHS Pandemic Influenza Plan. The vaccine distribution and use supplement (Supplement 6) addresses vaccination of priority groups, vaccine procurement and distribution, second-dose planning, vaccine storage and shipment options, and vaccine monitoring, data collection and safety. The antiviral drug distribution and use supplement (Supplement 7) addresses preparedness planning issues such as antiviral procurement, distribution to priority groups, legal preparedness, and data collection. It also includes recommendations for the use of antiviral drugs during the pandemic period. The community disease control and prevention supplement (Supplement 8) addresses disease containment strategies to prevent and decrease transmission during different pandemic phases, and the travel-related risks of disease supplement (Supplement 9) specifically addresses travel-containment strategies, such as health alert notices, interaction with federal quarantine stations, and management of travelers at points of entry into the Commonwealth. Supplement 10, the public health communications section, outlines key influenza pandemic risk communications concepts. The psychosocial support supplement (Supplement 11) outlines services that will help in managing emotional stress during the response to an influenza pandemic.

The Virginia plan is meant to be dynamic, and components will be revised and updated as new information is obtained.

I. Background and Purpose

The Virginia Department of Health (VDH) first developed a Pandemic Influenza Plan in 2002, with revisions made on a regular basis, incorporating updated information about vaccines, antiviral agents, surveillance and investigation, and public information. The current revision of the plan incorporates guidance released from the federal government in the November 2005 U.S. Department of Health and Human Services Pandemic Influenza Plan. The purpose of the VDH plan is to define the public health role in response to pandemic influenza, as well as provide planning guidance for local health departments as well as healthcare and private sector partners. The plan contains eleven supplements that provide guidance on specific planning and response elements.

The plan is an attachment to the VDH Emergency Response Plan, which provides for state, regional and district-level emergency operations in response to a disaster or large scale emergency affecting Virginia and requiring health and medical services, terrorism response, environmental health, mortuary services, and other responses. Information outlined in this Pandemic Influenza Plan addresses issues that are unique to pandemic influenza.

The VDH Office of Epidemiology and the Emergency Preparedness and Response Programs are responsible for periodically reviewing and updating this plan to ensure that information contained within the document is consistent with current knowledge and changing infrastructure.

II. Guiding Principles

VDH will be guided by the following principles in responding to pandemic influenza:

A. Pandemic planning will be built on all-hazard planning, already underway at local, regional and state levels within Virginia.
B. In advance of a pandemic, VDH will work with public and private partners to coordinate preparedness activities. Advance preparations can reduce the number of people who become ill or die and can minimize the economic and community impact.
C. Federal, state and local governments will not be able to address all pandemic influenza needs or meet all resource requests. Responsibility for preparing for and responding to a pandemic spans all levels and sectors. In addition to government entities, healthcare, business, faith-based organizations, schools and universities, volunteer and other groups, and individuals have critical roles to play in pandemic preparedness. VDH encourages all Virginians to be active partners in preparing for a pandemic. An informed and responsive public is essential to minimizing the health effects of a pandemic and the resulting consequences to society.
D. Sustained human-to-human transmission anywhere in the world will be a triggering event to initiate a pandemic response by federal and state responders.

III. Situation and Assumptions

The following assumptions are made:

A. Susceptibility to the pandemic influenza subtype will be universal.
B. The typical incubation period for influenza is one to three days. It is assumed that this would be the same for a novel strain that is transmitted between people by respiratory secretions. Persons who become ill may shed virus and can transmit infection for up to one day before the onset of illness. Viral shedding and risk for transmission will be the greatest during the first two days of illness.
C. Although pandemic influenza strains have emerged mostly from areas of Eastern Asia, variants with pandemic potential could emerge in Virginia or elsewhere in the U.S.
D. In an affected community, a pandemic outbreak will last about six to eight weeks. At least two pandemic disease waves are likely. Many geographic areas within Virginia and its neighboring jurisdictions may be affected simultaneously. Localities should be prepared to rely on their own resources to respond.
E. The seasonality of a pandemic cannot be predicted with certainty. The largest waves in the U.S. during 20th century pandemics occurred in the fall and winter. Experience from the 1957 pandemic may be instructive in that the first U.S. cases occurred in June, but no community outbreaks occurred until August and the first wave of illness peaked in October.
F. An influenza pandemic will present a massive test of the emergency preparedness system. Advance planning for Virginia's emergency response could save lives and prevent substantial economic loss.
G. There may be critical shortages of health care resources such as staffed hospital beds, mechanical ventilators, morgue capacity, temporary holding sites with refrigeration for storage of bodies, and other resources.
H. Healthcare workers and other first responders may be at higher risk of exposure and illness than the general population, further straining the healthcare system.
I. Widespread illness in the community could increase the likelihood of sudden and potentially significant shortages of personnel in other sectors who provide critical public safety services.
J. Effective preventive and therapeutic measures (e.g., vaccines and antiviral medications) will be delayed and in short supply.
K. Assuming that prior influenza vaccination(s) may offer some protection, even against a novel influenza variant, the annual influenza vaccination program, supplemented by pneumococcal vaccination when indicated, will remain a cornerstone of prevention.
L. Surveillance of influenza disease and virus will provide information critical to an effective response.
M. It is likely that public health will take the lead in distributing influenza vaccine. Health departments will work in partnership with health care providers to facilitate distribution.
N. An effective response to pandemic influenza will require coordinated efforts of a wide variety of organizations, both public and private, and health as well as non-health related.

IV. Authority

Several sections within the Code of Virginia give the Board of Health and the State Health Commissioner the authority to perform certain acts to protect the health of citizens. Authorities that may be exercised during pandemic influenza are listed in Table 1.

Table 1. Code of Virginia Statute and Corresponding Authority

Statute	Authority
Reporting of Disease §32.1-35; §32.1-36; §32.1-37	• Requires reporting of selected diseases to the Board of Health by physicians practicing in Virginia and others, such as laboratory directors, or persons in charge of any medical care facility, school or summer camp.
Investigation of Disease §32.1-39	• Authorizes the Board of Health to provide for surveillance and investigation of preventable diseases and epidemics, including contact tracing.
Authority to Examine Records §32.1-40; § 32.1-48.015	• Authorizes the Commissioner or his designee to examine medical records in the course of investigation, research, or studies, including individuals subject to an order of isolation or quarantine.
Emergency Orders and Regulations §32.1-13; §32.1-42; §32.1-20	• Authorizes the Board of Health to make orders and regulations to meet any emergency for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to public life and health. • Authorizes the Commissioner to act with full authority of the Board of Health when it is not in session.
Disease Control Measures §32.1-43; §32.1-47; §32.1-48	• Authorizes the Commissioner to require quarantine, isolation, immunization, decontamination, and/or treatment of any individual or group of individuals when the Commissioner determines these measures are necessary to control the spread of any disease of public health importance. • Permits the Commissioner to require immediate immunization of all persons in the event of an epidemic; permits the exclusion from public or private schools of children not immunized for a vaccine-preventable disease in the event of an epidemic.
Isolated or Quarantined Persons § 32.1-44	• Permits any isolated or quarantined person to choose their own treatment, whenever practicable and in the best interest of the health and safety of the isolated or quarantined person and the public. • However, conditions of any order of isolation or quarantine remain in effect until the person or persons subject to an order of quarantine or order of isolation shall no longer constitute a threat to other persons.
Isolation or Quarantine of Persons with Communicable Disease of Public Health Threat § 32.1-48.05 through §32.1-48.017	• Defines a communicable disease of public health threat as a communicable disease of public health significance coinciding with exceptional circumstances. • Authorizes the Commissioner to issue orders of isolation or quarantine for individuals or groups of individuals infected with or exposed to a communicable disease of public health threat. • Outlines conditions necessary for invoking orders, process for seeking *ex parte* court review in the circuit court of residence, and appeal process. • Authorizes the Commissioner, during a state of emergency, to define an affected area(s) wherein individuals are subject to an order of isolation and/or quarantine. • Authorizes the Commissioner, in concert with the Governor, during a state of emergency to require the use of any public or private property to implement any order of quarantine or order of isolation. Outlines accommodations for occupants of property not subject to the order(s) and compensation.

V. Coordination and Decision Making

The federal government is responsible for nationwide coordination of the pandemic influenza response. Specific areas of responsibility include the following:

- Conducting outbreak investigations, as requested;
- Conducting special epidemiologic and laboratory-based studies;
- Providing ongoing information from the national influenza surveillance system on the pandemic's impact on health and the healthcare system;
- Expanding the supply of antiviral drugs by stimulating increased U.S.-based production capacity;
- Expanding U.S.-based production capacity for pandemic vaccine and working with manufacturers to ensure that pandemic vaccine is produced at full capacity;
- Distributing public stocks of antiviral drugs and other medical supplies from the Strategic National Stockpile to the states;
- Distributing public stocks of vaccines, when they become available;
- Providing guidance on community containment strategies, including travel restrictions, school closings, and quarantine;
- Communicating with the public via the news media; and
- Monitoring the response.

Specific areas of responsibility for VDH will include:

- Identification of public and private sector partners needed for effective planning and response;
- Development of key components of pandemic preparedness, including surveillance, distribution of vaccine and antivirals, and communications;
- Integration of pandemic influenza planning with other planning activities conducted under the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) bioterrorism preparedness cooperative agreements;
- Providing assistance to local areas in developing and exercising plans; and
- Coordinating with adjoining jurisdictions.

The VDH Commissioner of Health will be responsible for directing implementation of activities outlined in this plan. While the plan serves as a guide for specific influenza intervention activities, during a pandemic, the judgment of public health leadership, based on knowledge of the specific virus, may alter the strategies and recommendations that have been outlined. VDH will also consider input and suggestions from the VDH Pandemic Influenza Advisory Committee, a diverse group of professionals representing various interest groups, as well as public and private agencies across the state. Some issues that are currently being debated and addressed by the VDH Pandemic Influenza Advisory Committee are noted in Appendix A. Organizations represented on the advisory committee can be found in Appendix B**.**

VI. Background Information about Seasonal and Pandemic Influenza

Influenza, or flu, is a viral infection of the lungs. There are two main types of flu virus, A and B. Each type includes many different strains, and new strains emerge periodically. Influenza

Attachment 12 C

COMMONWEALTH of VIRGINIA

Department of Health

ROBERT B. STROUBE, M.D., M.P.H.
STATE HEALTH COMMISSIONER

P O BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

April 24, 2006

Kathy Cooper-State Refugee Coordinator
Director
Virginia Department of Social Services
Office of Newcomer Services
7 North Eighth Street
Richmond, VA 23219

Dear Ms. Cooper,

I would like to invite you to become a member of the Virginia Department of Health (VDH) Pandemic Influenza Advisory Committee. This committee was first established in the spring of 2005 to advise VDH on its Pandemic Influenza Plan. VDH first developed a plan for a possible pandemic of influenza in 2002; this plan has been updated and revised as more information about influenza, including avian influenza, becomes available. The plan was recently revised to reflect recommendations in the federal Department of Health and Human Services Pandemic Influenza Plan, released in early November, 2005. The VDH plan is available in draft form on the VDH pandemic influenza web site:
www.vdh.virginia.gov/pandemicflu

The Pandemic Influenza Advisory Committee has diverse representation from a broad range of state agencies, healthcare organizations and public and private organizations that would be impacted by a pandemic of influenza. The committee has met quarterly and was involved with the recent Virginia Pandemic Influenza Summit on March 23, 2006. The next meeting of the committee will be in late June - we will be determining a specific date shortly. VDH wants to be sure the pandemic influenza plan addresses the needs of the refugee population should we face a major outbreak of influenza.

I look forward to your input as a member of the VDH Pandemic Influenza Advisory Committee. Information from prior committee meetings, as well as the draft VDH plan, are available on the VDH pandemic influenza web site: ww.vdh.virginia.gov/pandemicflu

Sincerely,

Lisa G. Kaplowitz

Lisa Kaplowitz, MD, MSHA
Deputy Commissioner, Emergency Preparedness and Response

Attachment 12 C

COMMONWEALTH of VIRGINIA

Department of Health

ROBERT B. STROUBE, M.D., M.P.H.
STATE HEALTH COMMISSIONER

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RICHMOND, VA 23218

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Kathy Cooper-State Refugee Coordinator
Director
Virginia Department of Social Services
Office of Newcomer Services
7 North Eighth Street
Richmond, VA 23219

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Sincerely,

Lisa G. Kaplowitz

Lisa Kaplowitz, MD, MSHA
Deputy Commissioner, Emergency Preparedness and Response

Attachment 12 C

COMMONWEALTH of VIRGINIA

Department of Health

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STATE HEALTH COMMISSIONER

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RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

Sidnee' M.Dallas, RN, B.S.-State Refugee Health Coordinator
Program Coordinator
Virginia Department of Health
Division of Disease Prevention, RM 326
Newcomer (Refugee & Immigrant) Health Program
109 Governor St.
Richmond, VA 23219

April 24, 2006

Dear Ms. Dallas,

I would like to invite you to become a member of the Virginia Department of Health (VDH) Pandemic Influenza Advisory Committee. This committee was first established in the spring of 2005 to advise VDH on its Pandemic Influenza Plan. VDH first developed a plan for a possible pandemic of influenza in 2002; this plan has been updated and revised as more information about influenza, including avian influenza, becomes available. The plan was recently revised to reflect recommendations in the federal Department of Health and Human Services Pandemic Influenza Plan, released in early November, 2005. The VDH plan is available in draft form on the VDH pandemic influenza web site: www.vdh.virginia.gov/pandemicflu

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I look forward to your input as a member of the VDH Pandemic Influenza Advisory Committee. Information from prior committee meetings, as well as the draft VDH plan, are available on the VDH pandemic influenza web site: ww.vdh.virginia.gov/pandemicflu

Sincerely,

Lisa G. Kaplowitz

Lisa Kaplowitz, MD, MSHA
Deputy Commissioner, Emergency Preparedness and Response

VDH VIRGINIA DEPARTMENT OF HEALTH
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www.vdh.virginia.gov

Attachment 12 D

COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

May 25, 2006

Mr. Seyoum Berhe
Arlington Diocese of Resettlement

Mr. Richard Cline
Virginia Council of Churches Refugee Resettlement Program

Ms. Susan Donovan
International Rescue Committee

Ms. Sarah Krause
Lutheran Refugee & Immigrant Services

Dear Addressees:

This letter is to invite you to be a member of the newly formed Office of Newcomer Services *Pandemic Preparedness Planning Team (PPP Team).*

The federal Office of Refugee Resettlement (ORR) requested that Virginia submit an amendment to its Refugee Resettlement Program State Plan assuring ORR that Virginia's "refugee program, services, and populations are included in State pandemic influenza emergency operational plans." (ORR State Letter 06-10) Virginia must develop a plan setting forth the steps it will be take on behalf of refugees in the event of a pandemic influenza.

The Virginia Department of Health (VDH) sponsored summit on pandemic influenza planning, and the VDH is in the process of finalizing a comprehensive revision to its existing pandemic influenza plan.

The Office of Newcomer Services (ONS) is charged with administering the Virginia Refugee Resettlement Program (VRRP) and has the responsibility of amending the VRRP State Plan and developing emergency plans and protocols in the event of pandemic influenza. Recognizing that pandemic planning is being done at many levels of state and local government, ONS is undertaking a three-pronged approach to meet this federal mandate. All three of these activities are being closely coordinated with the VDH Newcomer Health Program.

1. Establishment of communication channels with the VDH (especially the Pandemic Influenza Emergency Operations Plan Advisory Committee), the Virginia Department of Emergency Management, the Virginia Department of

Education; and the Virginia Chamber of Commerce to insure refugee inclusion in the respective planning by these agencies.

2. Development of informational materials on avian influenza for use in new arrival orientation and for dissemination among, asylees, Cuban/Haitians, Amerasians, and previously arrived refugees.

3. Development of protocols for ONS and refugee resettlement staff to guide them when federal or state officials declare an outbreak.

To accomplish these tasks, ONS is forming a *Pandemic Preparedness Planning Team (PPP Team)*. This team will draft refugee-specific protocols; advise ONS as it develops its emergency plans and protocols; and review informational materials developed by the VDH Newcomer Health Program.

The PPP Team will be led by Brent Sutton and Sidnee Dallas will be technical advisor. The PPP Team also will include a representative from the Virginia Department of Emergency Management. The Team will meet monthly from June through September and will be asked to review and comment on written materials throughout this time period. ONS is A representative the Virginia Department of Emergency Management will also be a

Brent will be in touch with you to set the first meeting date. Brent's contact information is brent.sutton@dss.virginia.gov or 804-726-7928.

Thank you in advance for your participation on the ONS Pandemic Preparedness Planning Team.

Sincerely,

Kathy A. Cooper
Virginia State Refugee Coordinator
Office of Newcomer Services

Copy: Jack Frazier, Director, Division of Community and Volunteer Services